

ANALYSIS OF MEDICAID HMO

(FY2008 Appropriation Bill - Public Act 123 of 2007)

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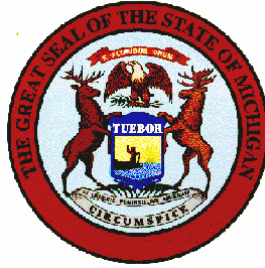
Section 1662: (1) The department shall assure that an external quality review of each contracting HMO is performed that results in an analysis and evaluation of aggregated information on quality, timeliness, and access to health care services that the HMO or its contractors furnish to Medicaid beneficiaries. (2) The department shall provide a copy of the analysis of the Medicaid HMO annual audited health employer data and information set reports and the annual external quality review report to the senate and house of representatives appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget director, within 30 days of the department's receipt of the final reports from the contractors. (3) The department shall work with the Michigan association of health plans and the Michigan association for local public health to improve service delivery and coordination in the MSS/ISS and EPSDT programs. (4) The department shall assure that training and technical assistance are available for EPSDT and MSS/ISS for Medicaid health plans, local health departments, and MSS/ISS contractors.

*Michigan Department
of Community Health*



Jennifer M. Granholm, Governor
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State of Michigan



Department of Community Health

**2006–2007 EXTERNAL QUALITY REVIEW
TECHNICAL REPORT**
for
Medicaid Health Plans

March 2008



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ACKNOWLEDGMENTS AND COPYRIGHTS

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Purpose of Report

The Balanced Budget Act of 1997 (BBA), Public Law 105-33, requires states to prepare an annual technical report that describes the manner in which data from activities conducted in accordance with the Code of Federal Regulations (CFR), 42 CFR 438.358, were aggregated and analyzed. The report must describe how conclusions were drawn as to the quality and timeliness of, and access to, care furnished by the states' managed care organizations, called Medicaid Health Plans (MHPs) in Michigan. The report of results must also contain an assessment of the strengths and weaknesses of the plans regarding health care quality, timeliness, and access, and must make recommendations for improvement. Finally, the report must assess the degree to which any previous recommendations were addressed by the MHPs. In an effort to meet this requirement, the State of Michigan Department of Community Health (MDCH) contracted with Health Services Advisory Group, Inc. (HSAG), an external quality review organization (EQRO), to aggregate and analyze MHP data and prepare the annual technical report.

The State of Michigan contracted with the following MHPs represented in this report:

- ◆ **Cape Health Plan (CAP)***
- ◆ **Community Choice Michigan (CCM)**
- ◆ **Great Lakes Health Plan (GLH)**
- ◆ **Health Plan of Michigan, Inc. (HPM)**
- ◆ **HealthPlus Partners, Inc. (HPP)**
- ◆ **M-CAID (MCD)**
- ◆ **McLaren Health Plan (MCL)**
- ◆ **Midwest Health Plan (MID)**
- ◆ **Molina Healthcare of Michigan (MOL)**
- ◆ **OmniCare Health Plan (OCH)**
- ◆ **Physicians Health Plan of Mid-Michigan Family Care (PMD)**
- ◆ **Physicians Health Plan of Southwest Michigan (PSW)***
- ◆ **Priority Health Government Programs, Inc. (PRI)**
- ◆ **Total Health Care, Inc. (THC)**
- ◆ **Upper Peninsula Health Plan (UPP)**

* Molina Healthcare of Michigan, Inc. purchased Cape Health Plan, Inc. On December 31, 2006, Cape Health Plan terminated its Medicaid contract, and the members were transferred to Molina. Physicians Health Plan of Southwest Michigan terminated its Medicaid contract on August 31, 2006, and its members were transferred to Great Lakes Health Plan.

Scope of External Quality Review (EQR) Activities Conducted

This EQR technical report analyzes and aggregates data from three mandatory EQR activities and one optional activity as listed below:

- ◆ **Compliance Monitoring:** Evaluation of the compliance of the MHPs with federal Medicaid managed care regulations was performed by MDCH using an on-site review process. HSAG examined, compiled, and analyzed the on-site review results as presented in the MHP site visit documentation provided by MDCH.
- ◆ **Validation of Performance Measures:** Each MHP underwent a National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) Compliance Audit™ conducted by an NCQA-licensed audit organization. HSAG performed an independent audit of the audit findings to determine the validity of each performance measure.
- ◆ **Validation of Performance Improvement Projects (PIPs):** HSAG reviewed one PIP for each MHP to ensure that the projects were designed, conducted, and reported in a methodologically sound manner, allowing real improvements in care to be achieved and giving confidence in the reported improvements.
- ◆ **Consumer Assessment of Healthcare Providers and Systems (CAHPS):** MDCH required the administration of the CAHPS 4.0H Adult Medicaid Health Plan Survey and the CAHPS 3.0H Child Medicaid Health Plan Survey (without the children with chronic conditions measurement set). Adult clients and the parents or caretakers of child clients from each program completed the surveys.

Summary of Findings

The following is a statewide summary of the conclusions drawn regarding the MHPs' general performance in 2006–2007 on the four activities. For detailed MHP-specific findings, please refer to Appendices A–O, while detailed statewide findings with year-to-year comparisons are presented in Section 3 of this report.

Compliance Review

Table 1-1 shows the results of the 2006–2007 annual compliance review. The statewide average across all standards and MHPs was 89 percent. The Administrative and Fraud and Abuse standards showed both the highest statewide average scores (92 percent) and the highest number of MHPs meeting 100 percent of the contractual requirements that were assessed. The lowest statewide average as well as the lowest number of MHPs meeting 100 percent of the contractual requirements was for the Management Information and Data Reporting standard. Overall, the annual compliance review demonstrated strengths for the MHPs, with appropriate knowledge of processes and documentation of policies and procedures.

Table 1-1—Summary of Data From the 2006–2007 Compliance Review		
Standards	Range of Scores	Statewide Average
Standard 1: Administrative	33% – 100%	92%
Standard 2: Providers	73% – 100%	90%
Standard 3: Members	71% – 100%	87%
Standard 4: Quality	83% – 100%	92%
Standard 5: Management Information and Data Reporting	40% – 100%	71%
Standard 6: Fraud and Abuse	63% – 100%	92%
Overall	74% – 98%	89%

Validation of Performance Measures

All of the MHPs demonstrated the ability to calculate and report accurate performance measures specified by the State. Table 1-2 displays the 2007 Michigan Medicaid weighted averages and performance levels compared to the NCQA HEDIS 2006 Medicaid percentiles. For most of the measures, the 90th percentile indicates above-average performance (★★★), the 25th percentile represents below-average performance (★), and average performance falls between these two percentiles (★★). There are two measures for which this differs—i.e., the 10th percentile (rather than the 90th percentile) indicates above-average performance and the 75th percentile (rather than the 25th percentile) shows below-average performance—because for these two measures only, lower rates indicate better performance. The measures are *Comprehensive Diabetes Care—Poor HbA1c Control* and *Well-Child Visits in the First 15 Months of Life—Zero Visits*.

Table 1-2—Overall Statewide Weighted Averages for Performance Measures

Performance Measures	2007 MI Medicaid	Performance Level for 2007
<i>Childhood Immunization Status—Combo 2</i>	80.2%	★★
<i>Childhood Immunization Status—Combo 3</i>	62.3%	★★★
<i>Adolescent Immunization—Combo 2</i>	65.9%	★★
<i>Appropriate Treatment for Children With Upper Respiratory Infection (URI)</i>	77.1%	★★
<i>Appropriate Testing for Children With Pharyngitis</i>	45.0%	★★
<i>Breast Cancer Screening—42 to 51 Years</i>	46.4%	†
<i>Breast Cancer Screening—52 to 69 Years</i>	56.6%	★★
<i>Breast Cancer Screening—Combined Rate</i>	51.2%	†
<i>Cervical Cancer Screening</i>	67.1%	★★
<i>Controlling High Blood Pressure—18 to 45 Years</i>	52.5%	†
<i>Controlling High Blood Pressure—46 to 85 Years</i>	51.5%	★
<i>Controlling High Blood Pressure—Combined Rate</i>	51.9%	†
<i>Chlamydia Screening in Women—16 to 20 Years</i>	53.3%	★★
<i>Chlamydia Screening in Women—21 to 25 Years</i>	61.0%	★★
<i>Chlamydia Screening in Women—Combined Rate</i>	56.6%	★★
<i>Comprehensive Diabetes Care—HbA1c Testing</i>	79.8%	★★
<i>Comprehensive Diabetes Care—Poor HbA1c Control*</i>	43.7%	★★
<i>Comprehensive Diabetes Care—Eye Exam</i>	57.5%	★★
<i>Comprehensive Diabetes Care—LDL-C Screening</i>	75.1%	**
<i>Comprehensive Diabetes Care—LDL-C Level <100</i>	36.7%	**
<i>Comprehensive Diabetes Care—Medical Attention for Nephropathy</i>	79.8%	**

* Lower rates are better for this measure.

** Changes were made to these measures' specifications; therefore, the 2007 rates are not comparable to national benchmarks.

† National percentiles are not available for these measures.

- ★ = Below-average performance relative to national Medicaid results.
- ★★ = Average performance relative to national Medicaid results.
- ★★★ = Above-average performance relative to national Medicaid results.

Table 1-2—Overall Statewide Weighted Averages for Performance Measures

Performance Measures	2007 MI Medicaid	Performance Level for 2007
<i>Use of Appropriate Medications for People With Asthma—5 to 9 Years</i>	89.9%	★★
<i>Use of Appropriate Medications for People With Asthma—10 to 17 Years</i>	86.0%	★★
<i>Use of Appropriate Medications for People With Asthma—18 to 56 Years</i>	87.3%	★★
<i>Use of Appropriate Medications for People With Asthma—Combined Rate</i>	87.5%	★★
<i>Medical Assistance With Smoking Cessation—Advising Smokers to Quit</i>	72.1%	†
<i>Medical Assistance With Smoking Cessation—Discussing Smoking Cessation Strategies</i>	38.1%	†
<i>Well-Child Visits in the First 15 Months of Life—Zero Visits*</i>	1.5%	★★
<i>Well-Child Visits in the First 15 Months of Life—Six or More Visits</i>	59.3%	★★
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	66.1%	★★
<i>Adolescent Well-Care Visits</i>	47.7%	★★
<i>Timeliness of Prenatal Care</i>	83.2%	★★
<i>Postpartum Care</i>	61.6%	★★
<i>Children’s Access to Primary Care Practitioners—12–24 Months</i>	95.2%	★★
<i>Children’s Access to Primary Care Practitioners—25 Months–6 Years</i>	82.7%	★★
<i>Children’s Access to Primary Care Practitioners—7–11 Years</i>	82.3%	★★
<i>Adolescents’ Access to Primary Care Practitioners—12–19 Years</i>	80.3%	★★
<i>Adults’ Access to Preventive/Ambulatory Health Services—20–44 Years</i>	80.2%	★★
<i>Adults’ Access to Preventive/Ambulatory Health Services—45–64 Years</i>	86.3%	★★
<p>* Lower rates are better for this measure.</p> <p>** Changes were made to these measures’ specifications; therefore, the 2007 rates are not comparable to national benchmarks.</p> <p>† National percentiles are not available for these measures.</p> <p>★ = Below-average performance relative to national Medicaid results.</p> <p>★★ = Average performance relative to national Medicaid results.</p> <p>★★★ = Above-average performance relative to national Medicaid results.</p>		

The statewide average for one of the performance measures was above the national Medicaid HEDIS 2006 90th percentile, *Childhood Immunization Status—Combo 3*. The statewide average rates for 28 of the nationally comparable performance measures were about average, falling between the national Medicaid HEDIS 2006 25th and 90th percentiles. One measure, *Controlling High Blood Pressure—46 to 85 Years*, was below the national Medicaid HEDIS 2006 25th percentile. The results of the current validation of performance measures show statewide improvement that is average performance compared to national benchmarks.

Performance Improvement Projects (PIPs)

All the MHPs received a validation status of *Met* for their PIPs, as shown in Table 1-3.

Table 1-3—MHP's 2006–2007 PIP Validation Status	
Validation Status	Number of MHPs
<i>Met</i>	13
<i>Partially Met</i>	0
<i>Not Met</i>	0

Table 1-4 presents a summary of the statewide 2006–2007 results of the validation of the ten activities of the CMS PIP Protocol. Almost all of the MHPs (12 of 13) completed all ten activities. One MHP progressed to Activity VII only, having chosen a new study rather than continuing the PIP from the previous year. For Activities I through VII and Activity X, all the MHPs met all applicable evaluation and critical elements. Overall, these findings indicated that the MHPs had a thorough understanding of the requirements in the CMS protocol for conducting PIPs. The MHPs designed, conducted, and reported their PIPs in a methodologically sound manner, allowing achievement of real improvements in care and giving confidence in the reported results.

Table 1-4—Summary of Data From the 2006–2007 Validation of PIPs		
Validation Activity	Number of PIPs Meeting all Evaluation Elements/Number Reviewed	Number of PIPs Meeting all Critical Elements/Number Reviewed
Activity I—Appropriate Study Topic	13/13	13/13
Activity II—Clearly Defined, Answerable Study Question	13/13	13/13
Activity III—Clearly Defined Study Indicator	13/13	13/13
Activity IV—Correctly Identified Study Population	13/13	13/13
Activity V—Valid Sampling Techniques*	1/1	1/1
Activity VI—Accurate/Complete Data Collection	13/13	1/1
Activity VII—Appropriate Improvement Strategies	13/13	13/13
Activity VIII—Sufficient Data Analysis and Interpretation	10/12	12/12
Activity IX—Real Improvement Achieved	11/12	No Critical Elements
Activity X—Sustained Improvement	12/12	No Critical Elements
* This activity is assessed only for PIPs that conduct sampling.		

Consumer Assessment of Healthcare Providers and Systems (CAHPS)

Table 1-5 presents the statewide 2007 CAHPS composite scores.

Table 1-5—2007 Statewide Average Results for CAHPS Child and Adult Composite Scores			
CAHPS Measures	Top-Box Percentage	Three-Point Mean Scores	Performance Level for 2007
	2007	2007	
Child			
Getting Needed Care	79.3%	2.72	★★
Getting Care Quickly	54.4%	2.33	★★
How Well Doctors Communicate	68.9%	2.59	★★
Courteous and Helpful Office Staff	72.6%	2.64	★★
Customer Service	72.1%	2.65	★★
Adult			
Getting Needed Care	50.6%	2.28	†
Getting Care Quickly	56.5%	2.38	†
How Well Doctors Communicate	66.5%	2.52	★★★
Customer Service	52.5%	2.31	†
Shared Decision Making	58.8%	2.49	—
Notes:			
The top-box percentage indicates the percentage of responses of “Always,” “Definitely Yes,” or “Not a Problem.”			
Performance levels are based on accreditation benchmarks and thresholds for the adult Medicaid population and the distribution of NCQA national survey results for the child Medicaid population.			
† Due to changes from the CAHPS Adult 3.0H to the Adult 4.0H survey, these composites are not comparable to national benchmarks.			
— The Shared Decision Making composite is a new measure for 2007.			
★	=	Below-average performance (<25th percentile) relative to national Medicaid results.	
★★	=	Average performance (≥25th to <75th percentile) relative to national Medicaid results.	
★★★	=	Above-average performance (≥75th percentile) relative to national Medicaid results.	

The MHPs showed average performance for all five of the 2007 child CAHPS composite measures. For the only comparable 2007 adult CAHPS composite measure, *How Well Doctors Communicate*, the MHPs showed above-average performance.

Table 1-6 presents the statewide 2007 CAHPS global ratings.

Table 1-6—2007 Statewide Average Results for CAHPS Child and Adult Global Ratings			
CAHPS Measures	Top-Box Percentage	Three-Point Mean Scores	Performance Level for 2007
	2007	2007	
Child			
Rating of All Health Care	61.9%	2.50	★
Rating of Personal Doctor	59.7%	2.48	★
Rating of Specialist Seen Most Often	60.3%	2.47	★★
Rating of Health Plan	57.9%	2.45	★★
Adult			
Rating of All Health Care	45.4%	2.21	★
Rating of Personal Doctor	59.2%	2.42	★★
Rating of Specialist Seen Most Often	59.4%	2.43	★★
Rating of Health Plan	50.6%	2.30	★★
Notes:			
The top-box percentage indicates the percentage of responses of “Always,” “Definitely Yes,” or “Not a Problem.”			
Performance levels are based on accreditation benchmarks and thresholds for the adult Medicaid population and the distribution of NCQA national survey results for the child Medicaid population.			
★	=	Below-average performance (<25th percentile) relative to national Medicaid results.	
★★	=	Average performance (≥25th to <75th percentile) relative to national Medicaid results.	
★★★	=	Above-average performance (≥75th percentile) relative to national Medicaid results.	

The MHPs showed average performance on two of the four child CAHPS global ratings: *Rating of Specialist Seen Most Often* and *Rating of Health Plan*. However, *Rating of All Health Care* and *Rating of Personal Doctor* showed below-average performance when compared to NCQA national survey results. These areas of below-average performance may be potential targets for quality improvement activities aimed at improving member satisfaction.

The MHPs showed average performance on three of the four adult CAHPS global ratings: *Rating of Personal Doctor*, *Rating of Specialist Seen Most Often*, and *Rating of Health Plan*. Below-average performance on *Rating of All Health Care* indicates that an opportunity still exists to improve member satisfaction.

Quality, Timeliness, and Access

The annual compliance review of the MHPs showed strengths across the domains of **quality**, **timeliness**, and **access**, which assess the **quality** and **timeliness** of, and **access** to, services provided to beneficiaries.

The validation of the MHPs' performance improvement projects reflected strong performance in the **quality** domain. The projects were designed, conducted, and reported in a methodologically sound manner, allowing real improvements in care to be achieved and giving confidence in the reported results.

Results of the validation of performance measures, overall, were average across the **quality**, **timeliness**, and **access** domains. Only one measure for both the **quality** and **timeliness** domains had above average performance, *Childhood Immunization Status—Combo 3*. Furthermore, only one measure in the **quality** domain, *Controlling High Blood Pressure—46 to 85 Years*, fell below average.

Average performance was seen for the **timeliness** and **access** domains for CAHPS. The **quality** domain, on the other hand, exhibited mixed results. Most of the measures had average performance; however, three of the measures had below average performance and one exhibited above average performance.

Table 1-7 shows HSAG's assignment of the compliance review standards, performance measures, PIPs, and CAHPS into the domains of quality, timeliness, and access.

Table 1-7—Assignment of Activities to Performance Domains

Compliance Review Standards	Quality	Timeliness	Access
Standard 1. Administrative	✓		
Standard 2. Providers	✓	✓	✓
Standard 3. Members	✓	✓	✓
Standard 4. Quality	✓		✓
Standard 5. Management Information and Data Reporting	✓	✓	
Standard 6. Fraud and Abuse	✓	✓	✓
Performance Measures	Quality	Timeliness	Access
1. <i>Childhood Immunization Status</i>	✓	✓	
2. <i>Adolescent Immunization Status</i>	✓	✓	
3. <i>Appropriate Treatment for Children with Upper Respiratory Infection</i>	✓		
4. <i>Breast Cancer Screening</i>	✓		
5. <i>Cervical Cancer Screening</i>	✓		
6. <i>Controlling High Blood Pressure</i>	✓		
7. <i>Chlamydia Screening in Women</i>	✓		
8. <i>Comprehensive Diabetes Care</i>	✓		
9. <i>Use of Appropriate Medications for People With Asthma</i>	✓		
10. <i>Medical Assistance With Smoking Cessation</i>	✓		
11. <i>Adults' Access to Preventive/Ambulatory Health Services</i>	✓		✓
12. <i>Children and Adolescents' Access to Primary Care Practitioners</i>	✓		✓
13. <i>Prenatal and Postpartum Care</i>	✓	✓	✓
14. <i>Well-Child Visits in the First 15 Months of Life</i>	✓		
15. <i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	✓		
16. <i>Adolescent Well-Care Visits</i>	✓		
17. <i>Appropriate Testing for Children With Pharyngitis</i>	✓		
PIPs	Quality	Timeliness	Access
One PIP for each MHP	✓		
CAHPS Topics	Quality	Timeliness	Access
<i>Getting Needed Care</i>	✓		✓
<i>Getting Care Quickly</i>	✓	✓	
<i>Customer Service</i>	✓		
<i>Courteous and Helpful Office Staff</i>	✓		
<i>How Well Doctors Communicate</i>	✓		
<i>Shared Decision Making</i>	✓		
<i>Rating of Health Plan</i>	✓		
<i>Rating of Personal Doctor</i>	✓		
<i>Rating of Specialist Seen Most Often</i>	✓		

2. External Quality Review Activities

Introduction

This section of the report describes the manner in which data from the activities conducted in accordance with 42 CFR 438.358 were aggregated and analyzed.

Two MHPs that were included in the 2005–2006 EQR activities were no longer serving Medicaid beneficiaries in 2007: CAP terminated its Medicaid contract on December 31, 2006, and PSW terminated its Medicaid contract on August 31, 2006. Therefore, only 2005–2006 findings are presented for these two plans.

Compliance Monitoring

Objectives

According to 42 CFR 438.358, the State or its EQRO must conduct a review within a three-year period to determine the Medicaid managed care organizations' compliance with standards established by the State for access to care, structure and operations, and quality measurement and improvement. To meet this requirement, MDCH performed on-site reviews of its MHPs.

The objectives of evaluating contractual compliance with federal Medicaid managed care regulations were to identify any areas of noncompliance and to assist the MHPs in developing corrective actions to achieve compliance with the contractual requirements.

Technical Methods of Data Collection

MDCH was responsible for the activities that assessed MHP compliance with federal Medicaid managed care regulations. This report reflects results from the annual compliance site visits that included all contracted MHPs and took place from October 1, 2005, through September 30, 2006, and from October 1, 2006, through September 30, 2007.

In 2005, MDCH revised the tool used to conduct the on-site evaluations of the MHPs' compliance with contractual requirements. The reviews presented in this report were conducted using the new Desk Audit Tool. While there were changes in the criteria assessed and the scoring methodology, the tool continued to evaluate the MHPs' performance related to the following six standards:

1. Administrative (3 criteria)
2. Providers (11 criteria)
3. Members (7 criteria)
4. Quality (12 criteria)
5. Management Information and Data Reporting (5 criteria)
6. Fraud and Abuse (8 criteria)

Description of Data Obtained

To assess the MHPs' compliance with federal and State requirements, MDCH obtained information from a wide range of written documents produced by the MHPs, including:

- ◆ Policies and procedures
- ◆ Current quality assessment and performance improvement (QAPI) programs
- ◆ Minutes of meetings of the governing body, quality improvement (QI) committee, compliance committee, utilization management (UM) committee, credentialing committee, and peer review committee
- ◆ QI work plans, utilization reports, provider and member profiling reports, QI effectiveness reports
- ◆ Internal auditing/monitoring plans, auditing/monitoring findings
- ◆ Claims review reports, prior authorization reports, complaint logs, grievance logs, telephone contact logs, disenrollment logs, MDCH hearing requests, medical record review reports
- ◆ Provider service and delegation agreements and contracts
- ◆ Provider files, disclosure statements, current sanctioned/suspended provider lists
- ◆ Organizational charts
- ◆ Fraud and abuse logs, fraud and abuse reports
- ◆ Employee handbooks, fliers, employee newsletters, provider manuals, provider newsletters, Web sites, educational/training materials, and sign-in sheets
- ◆ Member materials, including welcome letters, member handbooks, member newsletters, provider directories, and certificates of coverage
- ◆ Provider manuals

Each MHP also completed a Pre-Site Visit Survey prior to the compliance review. The pre-site visit documentation tool listed the criteria to be reviewed and was used to indicate if the plan had made or experienced changes relative to the criteria since the previous site visit or since the material was submitted to MDCH. The MHPs were asked to provide a summary of the changes the plan had made and the corresponding revised documents, as well as any additional information relative to the criteria that MDCH could consider in its evaluation.

For each of the MHPs, MDCH completed a desk audit tool that documented the findings, prepared a site visit summary that stated the review conclusions (i.e., scores) for the contractual requirements (i.e., criteria) that were reviewed at the time of the site visit, and summarized the MHPs' focus studies presented at the site visit in a focus study report.

HSAG examined, compiled, and analyzed the review results as contained in the MHP site visit documentation submitted by MDCH.

Data Aggregation, Analysis, and How Conclusions Were Drawn

MDCH reviewers completed the desk audit tool for each MHP to document their findings; to identify, when applicable, specific action(s) required of the plan to address any areas of noncompliance with contractual requirements; and to indicate requests for focus studies on specific topics.

For each criterion reviewed, the MHPs received one of the following scores:

- ◆ *No further review necessary—No Findings (NF)*
- ◆ *No further review necessary—Plan Action Needed (AN)*
- ◆ *Focus Study (FS)*

The desk audit tool identified all criteria subject to review each year. The reviewer(s) determined whether or not the MHP had made any changes that impacted the criterion since successfully demonstrating contract compliance at a previous on-site review. If the MHP did not make any such changes, no further review was required. The date of the site visit at which the MHP had demonstrated compliance was noted, and the criterion was scored as *NF*. In cases where MHP changes or issues impacted compliance with the criterion, a review of the documentation was completed. The reviewer(s) noted any findings, required plan actions, or need for a focus study, if applicable, and assigned a score.

HSAG calculated the percentage of criteria scored *NF* on a standard, reflecting the degree of compliance with contractual requirements related to that area, and an overall percentage for each MHP across all six standards. Prior to calculating the percentages, HSAG, in coordination with MDCH, converted all scores of *FS* noted in the site visit summaries to either *NF* or *AN*. In cases where the documentation on the desk audit tool and focus study report identified any insufficiencies or required plan actions, the score was converted to *AN*. In all other cases, the score was converted to *NF*.

Statewide averages were calculated by summing the individual MHP scores of *NF*, and then dividing that sum by the total number of elements reviewed across all MHPs.

To draw conclusions and make overall assessments about the **quality** and **timeliness** of, and **access** to, care provided by the MHPs using findings from the compliance reviews, the standards were categorized to evaluate each of these three domains. Using this framework, Table 1-7 (see page 1-10) shows HSAG's assignment of standards to the three domains of performance.

Validation of Performance Measures

Objectives

As set forth in 42 CFR 438.358, validation of performance measures is one of the mandatory EQR activities. The primary objectives of the performance measure validation process are to:

- ◆ Evaluate the accuracy of the performance measure data collected by the MHP.
- ◆ Determine the extent to which the specific performance measures calculated by the MHP (or on behalf of the MHP) followed the specifications established for each performance measure.

To meet the two primary objectives of the validation activity, a measure-specific review of all reported measures was performed, as well as a thorough information system evaluation to assess each MHP's support systems available to report accurate HEDIS measures.

Technical Methods of Data Collection and Analysis

MDCH required each MHP to collect and report a set of Medicaid HEDIS measures. Developed and maintained by NCQA, HEDIS is a set of performance data broadly accepted in the managed care environment as an industry standard.

Each MHP underwent an NCQA HEDIS Compliance Audit™ conducted by an NCQA-licensed audit organization. The NCQA HEDIS Compliance Audit followed NCQA audit methodology as set out in NCQA's 2007 *HEDIS Compliance Audit: Standards, Policies and Procedures*. The NCQA HEDIS Compliance Audit encompasses an in-depth examination of the health plans' processes consistent with CMS' protocols for validation of performance measures. To complete the validation of performance measures process according to the CMS protocols, HSAG performed an independent evaluation of the audit results and findings in order to determine the validity of each performance measure.

The HEDIS Compliance Audits, conducted by the licensed audit organizations, included the following activities:

Pre-review Activities: Each MHP was required to complete the NCQA Baseline Assessment Tool (BAT), which is comparable to the Information Systems Capabilities Assessment Tool, Appendix Z, of the CMS protocols. Pre-on-site conference calls were held to follow up on any outstanding questions. The audit team conducted a thorough review of the BAT and supporting documentation, including an evaluation of processes used for collecting, storing, validating, and reporting the performance measure data.

On-site Review: The on-site reviews, which typically lasted two days, included:

- ◆ An evaluation of system compliance focusing on the processing of claims and encounters.
- ◆ An overview of data integration and control procedures, including discussion and observation.
- ◆ A review of how all data sources were combined and the method used to produce the performance measures.

- ◆ Interviews with MHP staff members involved with any aspect of performance measure reporting.
- ◆ A closing conference at which the audit team summarized preliminary findings and recommendations.

Post-on-site Review Activities: For each performance measure calculated and reported by the MHPs, the audit team aggregated the findings from the pre-on-site and on-site activities to determine whether the reported measures were valid, based on an allowable bias. The audit team assigned each measure one of four audit findings: (1) *Report* (the rate was determined to be valid and below the allowable threshold for bias), (2) *Not Applicable* (the MHP followed the specifications but the denominator was too small to report a valid rate), (3) *No Benefit* (the MHP did not offer the health benefits required by the measure), or (4) *Not Report* (the measure was determined to be significantly biased or the plan chose not to report the measure).

Description of Data Obtained

As identified in the CMS protocol, the following key types of data were obtained and reviewed as part of the validation of performance measures. Table 2-1 shows the data sources used in the validation of performance measures and the time period to which the data applied.

Table 2-1—Description of Data Sources	
Data Obtained	Time Period to Which the Data Applied
HEDIS Compliance Audit Reports were obtained for each MHP, which included a description of the audit process, the results of the information systems findings, and the final audit designations for each performance measure.	CY 2006 (HEDIS 2007)
Performance Measure Reports, submitted by the MHPs using NCQA's Information Data Submission System (IDSS), were analyzed and subsequently validated by the HSAG validation team.	CY 2006 (HEDIS 2007)
Previous Performance Measure Reports were reviewed to assess trending patterns and the reasonability of rates.	CY 2005 (HEDIS 2006)

Data Aggregation, Analysis, and How Conclusions Were Drawn

HSAG performed a comprehensive review and analysis of the MHPs' Interactive Data Submission System (IDSS) results, data submission tools, and the MHP-specific HEDIS Compliance Audit Reports and Performance Measure Reports.

HSAG ensured that the following criteria were met prior to accepting any validation results:

- ◆ An NCQA-licensed audit organization completed the audit.
- ◆ An NCQA-certified HEDIS compliance auditor led the audit.
- ◆ The audit scope included all MDCH-selected HEDIS measures.
- ◆ The audit scope focused on the Medicaid product line.
- ◆ Data were submitted via an auditor-locked NCQA IDSS.
- ◆ A final Audit Opinion, signed by the lead auditor and responsible officer within the licensed organization, was produced.

To draw conclusions and make overall assessments about the quality and timeliness of, and access to, care provided by the MHPs using findings from the validation of performance measures, each measure was categorized to evaluate one or more of the three domains. Table 1-7 shows HSAG's assignment of performance measures to these domains of performance.

Validation of Performance Improvement Projects (PIPs)

Objectives

As part of its QAPI program, each MHP is required by MDCH to conduct PIPs in accordance with 42 CFR 438.240. The purpose of the PIPs is to achieve, through ongoing measurements and intervention, significant improvement that is sustained over time in clinical and nonclinical areas. As one of the mandatory EQR activities under the BBA, the State is required to validate the PIPs conducted by its contracted Medicaid managed care organizations. To meet this validation requirement for the MHPs, MDCH contracted with HSAG.

The primary objective of PIP validation was to determine each MHP's compliance with requirements set forth in 42 CFR 438.240(b)(1), including:

- ◆ Measurement of performance using objective quality indicators.
- ◆ Implementation of systematic interventions to achieve improvement in quality.
- ◆ Evaluation of the effectiveness of the interventions.
- ◆ Planning and initiation of activities for increasing or sustaining improvement.

MDCH required that each MHP conduct one PIP subject to validation by HSAG. In 2005–2006, all MHPs submitted PIPs on the mandated topic of blood lead testing. In 2006–2007, MDCH allowed the MHPs to continue with the previous year's PIP or select a different topic. Only one MHP (OmniCare Health Plan) selected a new topic—*Comprehensive Diabetes Care*—while all the other MHPs continued with the *Blood Lead Testing* PIP. HSAG performed validation activities for each plan's PIP.

Technical Methods of Data Collection and Analysis

The HSAG validation team consisted of, at a minimum, an analyst with expertise in statistics and study design, and a reviewer with expertise in performance improvement processes. The methodology used to validate the PIPs was based on CMS guidelines as outlined in the CMS publication, *Validating Performance Improvement Projects: A Protocol for Use in Conducting Medicaid External Quality Review Activities*, Final Protocol, Version 1.0, May 1, 2002 (CMS PIP Protocol). Using this protocol, HSAG, in collaboration with MDCH, developed the PIP Summary Form. This form was completed by each MHP and submitted to HSAG for review. The PIP Summary Form standardized the process for submitting information regarding the PIPs and assured that all CMS PIP Protocol requirements were addressed.

With MDCH input and approval, HSAG developed a PIP Validation Tool to ensure uniform assessment of PIPs. Using this tool, HSAG reviewed each of the PIPs for the following ten CMS protocol activities:

- ◆ Activity I. Appropriate Study Topic
- ◆ Activity II. Clearly Defined, Answerable Study Question
- ◆ Activity III. Clearly Defined Study Indicator(s)
- ◆ Activity IV. Correctly Identified Study Population
- ◆ Activity V. Valid Sampling Techniques (if sampling was used)

- ◆ Activity VI. Accurate/Complete Data Collection
- ◆ Activity VII. Appropriate Improvement Strategies
- ◆ Activity VIII. Sufficient Data Analysis and Interpretation
- ◆ Activity IX. Real Improvement Achieved
- ◆ Activity X. Sustained Improvement Achieved

Description of Data Obtained

The data needed to conduct the PIP validations were obtained from the MHPs' PIP Summary Form. This form provided detailed information about each MHP's PIP as it related to the ten activities being reviewed and evaluated for the 2005–2006 and 2006–2007 validation cycles.

Data Aggregation, Analysis, and How Conclusions Were Drawn

Each of the ten protocol activities consisted of evaluation elements necessary for the successful completion of a valid PIP. The elements within each activity were scored by the HSAG review team as *Met*, *Partially Met*, *Not Met*, or *Not Applicable (NA)*. To assure a valid and reliable review, some of the evaluation elements were designated “critical” elements by HSAG. These were elements that HSAG determined had to be *Met* in order for the MHP to produce an accurate and reliable PIP. Given the importance of critical elements to this scoring methodology, any critical element that received a *Not Met* status resulted in an overall validation rating for the PIP of *Not Met* and required future revisions and resubmission of the PIP to HSAG. An MHP would be given a *Partially Met* score if 60 percent to 79 percent of all elements were *Met* across all activities, or one or more critical elements were *Partially Met*. The MHPs had an opportunity to resubmit revised PIP Summary Forms and additional information in response to any *Partially Met* or *Not Met* evaluation scores, regardless of whether the evaluation element was critical or noncritical. The resubmitted documents were evaluated and the PIPs rescored before final scoring determinations were made.

HSAG followed the above methodology for validating the PIPs for all MHPs in order to assess the degree to which the projects were designed, conducted, and reported in a methodologically sound manner.

For 2006–2007, the scoring for Activities V and VIII was modified to better represent the nonapplicable evaluation elements in the overall scoring process. For MHPs that did not use sampling in their PIPs, elements addressing sampling were scored as *Met* in 2005–2006 and as *NA* in 2006–2007. Therefore, the data presented in this report for these two activities are not comparable across the two validation cycles.

After completing the validation review, HSAG prepared a report of the findings and recommendations for each validated PIP. These reports, which complied with 42 CFR 438.364, were forwarded to MDCH and the appropriate MHP.

Although an MHP's purpose for conducting a PIP may have been to improve performance in an area related to **quality** and/or **timeliness** and/or **access** to care and services, the purpose of the EQR activities related to PIPs was to evaluate the validity and quality of the MHP's processes in conducting PIPs. Therefore, to draw conclusions and make overall assessments about each MHP's performance in conducting valid PIPs, HSAG assigned all PIPs to the **quality** domain.

Consumer Assessment of Healthcare Providers and Systems (CAHPS)

Objectives

The CAHPS survey was designed to assess key satisfaction drivers throughout the continuum of care, including health plan performance and the member's experience in the physician's office.

The objective of the CAHPS survey was to provide performance feedback that was actionable and will aid in improving overall member satisfaction.

Technical Methods of Data Collection and Analysis

The technical method of data collection was through the administration of the CAHPS 4.0H Adult Medicaid Health Plan Survey and the CAHPS 3.0H Child Medicaid Health Plan Survey (without the children with chronic conditions measurement set). The survey encompasses a set of standardized items that assess patient perspectives on care (or, for the child survey, the parents' or caretakers' perspective). To achieve reliability and validity of findings, *HEDIS Volume 3: Specifications for Survey Measures* sampling and data collection procedures were followed for the selection of members and the distribution of surveys. These procedures were designed to capture accurate and complete information to promote both the standardized administration of the instruments and the comparability of the resulting data. Data from the multiple waves of mailings and response-gathering activities were aggregated into a database for analysis.

The survey questions were categorized into measures of satisfaction. These measures included **four global ratings and five composite scores** for the adult and child surveys. The global ratings reflected patients' overall satisfaction with their personal doctor, specialist, and health plan, and with all health care. The composite scores were derived from sets of questions put in the following groups to address different aspects of care. The adult survey's composites addressed: *Getting Needed Care*, *Getting Care Quickly*, *How Well Doctors Communicate*, *Customer Service*, and *Shared Decision Making*. The child survey's composites included: *Getting Needed Care*, *Getting Care Quickly*, *How Well Doctors Communicate*, *Courteous and Helpful Office Staff*, and *Customer Service*. When a minimum of 100 responses for a measure were not received, the results of the measure were not applicable for reporting, resulting in a Not Applicable (NA) designation.

For each of the global ratings, the percentage of respondents who chose the top satisfaction rating (a response value of 9 or 10 on a scale of 0 to 10) was calculated. This was referred to as the question summary rate. In addition, a three-point rating mean was calculated. Response values of 0 through 6 were given a score of 1, 7 and 8 a score of 2, and 9 and 10 a score of 3. The three-point mean was the sum of the response scores (1, 2, or 3) divided by the total number of responses to the global rating question.

For each of the composite scores, the percentage of respondents who chose a positive response was calculated. CAHPS questions used in composites were scaled in one of three ways:

- ◆ Never/Sometimes/Usually/Always
- ◆ Big Problem/Small Problem/Not a Problem
- ◆ Definitely No/Somewhat No/Somewhat Yes/Definitely Yes

NCQA defined a top-box response for these composites as a response of Always, Not a Problem, or Definitely Yes. This was referred to as a global proportion for the composite scores.

In addition, a three-point composite mean was calculated for each of the composite scores. Scoring was based on a three-point scale. Responses of Always, Not a Problem, and Definitely Yes were given a score of 3; responses of Usually, Small Problem, and Somewhat Yes were given a score of 2; and all other responses were given a score of 1. The three-point composite mean was the average of the mean score for each question included in the composite.

Details on the global ratings, composite scores, and national benchmarks are included in the separate CAHPS reports prepared for each MHP by its vendor.

Description of Data Obtained

For the CAHPS 2007 reporting year, which represents an evaluation of the 2006 measurement year (MY), the CAHPS 4.0H Adult Medicaid Health Plan Survey and 3.0H Child Medicaid Health Plan Survey results were used to obtain member satisfaction ratings for members meeting enrollment criteria in 2006. For the CAHPS 2006 reporting year, which represents an evaluation of the 2005 measurement year, the CAHPS 3.0H Adult Medicaid Health Plan Survey was used to obtain member satisfaction ratings for members meeting enrollment criteria in 2005. The CAHPS 3.0H Child Medicaid Health Plan Survey was not administered to the MHPs' members during the 2006 reporting year. Child CAHPS results reported for 2006 actually reflect 2005 data.

Data Aggregation, Analysis, and How Conclusions Were Drawn

The CAHPS questions for both surveys were summarized by the CAHPS measures of satisfaction. These measures were calculated as described above and assigned to the domains of **quality**, **timeliness**, and **access**, as shown in Table 1-7.

3. Overall State Findings

The following section presents findings for the EQR activities of compliance reviews, validation of performance measures, validation of performance improvement projects, and CAHPS for the two reporting periods of 2005–2006 and 2006–2007.

Two MHPs that were included in the 2005–2006 EQR activities were no longer serving Medicaid beneficiaries in 2007. Therefore, statewide findings for the 2005–2006 EQR activities included 15 MHPs, while findings for the 2006–2007 EQR activities were based on 13 MHPs.

Additional details about the results of the plan-specific EQR activities are presented in Appendices A–O.

Annual Compliance Review

MDCH conducted annual compliance reviews of the MHPs in 2005–2006 and 2006–2007, assessing the MHPs’ compliance with contractual requirements in six areas: Administrative, Providers, Members, Quality, Management Information and Data Reporting, and Fraud and Abuse.

Table 3-1 presents the results of the two annual compliance reviews. For each of the six standards, the table shows the range of scores across all MHPs and the statewide averages for each of the standards.

Overall, the MHPs demonstrated strong performance related to their compliance with contractual requirements assessed in the annual reviews. However, the 2006–2007 review resulted in lower scores and more recommendations for corrective actions across all standards.

Table 3-1—Summary of Data From the 2005–2006 and 2006–2007 Annual Compliance Reviews				
Standards	Range of Scores		Statewide Average	
	2005–2006	2006–2007	2005–2006	2006–2007
Standard 1: Administrative	67% – 100%	33% – 100%	98%	92%
Standard 2: Providers	73% – 100%	73% – 100%	94%	90%
Standard 3: Members	71% – 100%	71% – 100%	90%	87%
Standard 4: Quality	83% – 100%	83% – 100%	94%	92%
Standard 5: Management Information and Data Reporting	40% – 100%	40% – 100%	75%	71%
Standard 6: Fraud and Abuse	88% – 100%	63% – 100%	95%	92%
Overall	74% – 98%	74% – 98%	92%	89%

Table 3-2 presents for the 2005–2006 and 2006–2007 annual compliance reviews the number and percentage of MHPs with 100 percent *No Findings* scores on the six standards and the number of *Plan Action Needed* scores for each of the standards.

Table 3-2—Summary of Data From the 2005–2006 and 2006–2007 Annual Compliance Reviews				
	Number (%) of MHPs with 100 Percent <i>No Findings</i>		Statewide Number of <i>Plan Action Needed</i> Scores	
Standards	2005–2006	2006–2007	2005–2006	2006–2007
Standard 1: Administrative	14 (93%)	11 (85%)	1	3
Standard 2: Providers	9 (60%)	4 (31%)	10	14
Standard 3: Members	8 (53%)	5 (38%)	10	12
Standard 4: Quality	5 (33%)	4 (31%)	11	12
Standard 5: Management Information and Data Reporting	4 (27%)	2 (15%)	19	19
Standard 6: Fraud and Abuse	9 (60%)	9 (69%)	6	8
Overall	49 (54%)	35 (45%)	57	68

Statewide averages for the six standards declined for the 2006–2007 compliance review on all standards. The statewide score across all standards and MHPs fell from 92 percent in 2005–2006 to 89 percent in 2006–2007. Statewide, two MHPs saw an increase in their overall scores, seven MHPs’ overall scores decreased, and four MHPs saw no change in their overall scores. The range of scores across the MHPs remained the same for all standards except for the Administrative standard, where the low end of the range fell from 67 percent to 33 percent.

The Administrative standard remained the strongest area, with almost all MHPs receiving 100 percent *No Findings* scores. Since this standard assessed only three criteria, the increase from one to three *Plan Action Needed* scores statewide resulted in a decline in the statewide score from 98 percent to 92 percent.

The Providers standard showed the largest number of MHPs that had a decrease in their scores. Statewide, two MHPs increased, six decreased, and five had no change to the Providers standard score. The statewide average for this standard fell from 94 percent to 90 percent. The percentage of MHPs that achieved 100 percent compliance on this standard fell from about two-thirds of the plans to about one-third. About one-third of the 2006–2007 *Plan Action Needed* scores (4/14) addressed after-hours availability of clinical staff.

Statewide average performance on the Members standard fell from 90 percent to 87 percent, as three MHPs saw an increase in their score for this standard, four saw a decrease, and six saw no change. The percentage of MHPs that achieved 100 percent compliance fell from more than half to about one-third of the plans. Most of the corrective actions identified in the 2006–2007 compliance review related to the member handbook (4/12) and the member grievance and appeal policy and procedure (4/12).

While the statewide average for the Quality standard decreased slightly from 94 percent to 92 percent, most MHPs (8/13) had no change in their score for this standard. One MHP increased the score and four MHPs saw a decrease. The percentage of MHPs that achieved 100 percent

compliance on this standard stayed about the same. Compliance with performance measure standards remained the primary area for improvement, with corrective actions required for 9/13 MHPs in 2006–2007.

The Management Information and Data Reporting standard remained the lowest scoring of the standards, with a statewide average of 75 percent in 2005–2006 and 71 percent in 2006–2007. This standard also had the lowest number of MHPs that achieved 100 percent compliance: four MHPs in 2005–2006, and only two in 2006–2007. Three MHPs saw an increase, four MHPs saw a decrease, and six MHPs had no change in their rates. Statewide, most of the corrective actions identified in the 2006–2007 review related to the timeliness of report submissions and the claims payment process.

Even though the statewide score for the Fraud and Abuse standard decreased from 95 percent to 92 percent, this standard showed the most MHPs with improved scores (4/13), and the second-highest number of MHPs with 100 percent compliance (9/13). Most of the recommendations identified in the 2006–2007 review related to fraud and abuse monitoring and contact information for reporting fraud and abuse.

Performance Measures

As set forth in 42 CFR 438.358, the primary objectives of the performance measure validation process are to evaluate the accuracy of the performance measure data collected by the MHP and determine the extent to which the specific performance measures calculated by the MHP (or on behalf of the MHP) followed the specifications established for each performance measure. To meet the two primary objectives of the validation activity, a thorough information system evaluation to assess the ability of each MHP's support system to report accurate HEDIS measures was performed, as well as a measure-specific review of all reported measures.

The results from the validation of performance measures activities showed all 13 current MHPs receiving a finding of *Report* (i.e., appropriate processes, procedures, and corresponding documentation) for all assessed performance measures. The performance measure data were collected accurately from a wide variety of sources statewide. All of the MHPs demonstrated the ability to calculate and accurately report performance measures that complied with HEDIS specifications. This finding suggests that the information systems for reporting HEDIS measures are a statewide strength.

Table 3-3 shows each of the performance measures, the 2006 and 2007 rates for each measure, and the categorized performance for 2007 relative to national Medicaid results. For most of the measures, the 90th percentile indicates above-average performance (★★★), the 25th percentile represents below-average performance (★), and average performance falls between these two percentiles (★★). There are two measures for which this differs—i.e., the 10th percentile (rather than the 90th percentile) is above-average performance and the 75th (rather than the 25th) shows below-average performance—because for these two measures only, *lower* rates indicate better performance. The measures are *Comprehensive Diabetes Care—Poor HbA1c Control* and *Well-Child Visits in the First 15 Months of Life—Zero Visits*.

Table 3-3—Overall Statewide Weighted Averages for Performance Measures

Performance Measures	2006 MI Medicaid	2007 MI Medicaid	Performance Level for 2007
<i>Childhood Immunization Status—Combo 2</i>	76.6%	80.2%	★★
<i>Childhood Immunization Status—Combo 3</i>	38.5%	62.3%	★★★
<i>Adolescent Immunization—Combo 2</i>	58.9%	65.9%	★★
<i>Appropriate Treatment for Children With URI</i>	75.6%	77.1%	★★
<i>Appropriate Testing for Children With Pharyngitis</i>	39.1%	45.0%	★★
<i>Breast Cancer Screening—42 to 51 Years</i>	**	46.4%	†
<i>Breast Cancer Screening—52 to 69 Years</i>	55.8%	56.6%	★★
<i>Breast Cancer Screening—Combined Rate</i>	**	51.2%	†
<i>Cervical Cancer Screening</i>	65.8%	67.1%	★★
<i>Controlling High Blood Pressure—18 to 45 Years</i>	**	52.5%	†
<i>Controlling High Blood Pressure—46 to 85 Years</i>	60.0%	51.5%	★
<i>Controlling High Blood Pressure—Combined Rate</i>	**	51.9%	†
<i>Chlamydia Screening in Women—16 to 20 Years</i>	51.9%	53.3%	★★
<i>Chlamydia Screening in Women—21 to 25 Years</i>	57.6%	61.0%	★★
<i>Chlamydia Screening in Women—Combined Rate</i>	54.5%	56.6%	★★
<i>Comprehensive Diabetes Care—HbA1c Testing</i>	79.6%	79.8%	★★
<i>Comprehensive Diabetes Care—Poor HbA1c Control*</i>	42.3%	43.7%	★★
<i>Comprehensive Diabetes Care—Eye Exam</i>	54.2%	57.5%	★★
<i>Comprehensive Diabetes Care—LDL-C Screening</i>	**	75.1%	**
<i>Comprehensive Diabetes Care—LDL-C Level <100</i>	**	36.7%	**
<i>Comprehensive Diabetes Care—Medical Attention for Nephropathy</i>	**	79.8%	**
<i>Use of Appropriate Medications for People With Asthma—5 to 9 Years</i>	88.8%	89.9%	★★
<i>Use of Appropriate Medications for People With Asthma—10 to 17 Years</i>	87.2%	86.0%	★★
<i>Use of Appropriate Medications for People With Asthma—18 to 56 Years</i>	86.5%	87.3%	★★
<i>Use of Appropriate Medications for People With Asthma—Combined Rate</i>	87.1%	87.5%	★★
<i>Medical Assistance With Smoking Cessation—Advising Smokers to Quit</i>	69.7%	72.1%	†
<i>Medical Assistance With Smoking Cessation—Discussing Smoking Cessation Strategies</i>	36.2%	38.1%	†

* Lower rates are better for this measure.

**Changes were made to these measures' specifications; therefore, the 2007 rates are not comparable to the previous year's rates or national benchmarks.

† National percentiles are not available for these measures.

★ = Below-average performance relative to national Medicaid results.

★★ = Average performance relative to national Medicaid results.

★★★ = Above-average performance relative to national Medicaid results.

Table 3-3—Overall Statewide Weighted Averages for Performance Measures			
Performance Measures	2006 MI Medicaid	2007 MI Medicaid	Performance Level for 2007
<i>Well-Child Visits in the First 15 Months of Life—Zero Visits*</i>	2.1%	1.5%	★★
<i>Well-Child Visits in the First 15 Months of Life—Six or More Visits</i>	51.9%	59.3%	★★
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	64.2%	66.1%	★★
<i>Adolescent Well-Care Visits</i>	43.5%	47.7%	★★
<i>Timeliness of Prenatal Care</i>	81.7%	83.2%	★★
<i>Postpartum Care</i>	57.7%	61.6%	★★
<i>Children's Access to Primary Care Practitioners—12–24 Months</i>	92.9%	95.2%	★★
<i>Children's Access to Primary Care Practitioners—25 Months–6 Years</i>	81.4%	82.7%	★★
<i>Children's Access to Primary Care Practitioners—7–11 Years</i>	80.0%	82.3%	★★
<i>Adolescents' Access to Primary Care Practitioners—12–19 Years</i>	78.3%	80.3%	★★
<i>Adults' Access to Preventive/Ambulatory Health Services—20–44 Years</i>	78.1%	80.2%	★★
<i>Adults' Access to Preventive/Ambulatory Health Services—45–64 Years</i>	84.7%	86.3%	★★
<p>* Lower rates are better for this measure.</p> <p>**Changes were made to these measures' specifications; therefore, the 2007 rates are not comparable to the previous year's rates or national benchmarks.</p> <p>† National percentiles are not available for these measures.</p> <p>★ = Below-average performance relative to national Medicaid results.</p> <p>★★ = Average performance relative to national Medicaid results.</p> <p>★★★ = Above-average performance relative to national Medicaid results.</p>			

Table 3-3 shows that the statewide average rates for one of the performance measures with nationally comparative data, *Childhood Immunization Status—Combo 3*, was above the national Medicaid HEDIS 2006 90th percentile. This measure represents an area of strength across the MHPs.

The statewide average rates for 28 of the comparable performance measures were about average, nationally, falling between the Medicaid HEDIS 2006 25th and 90th percentiles. Only one of the measures, *Controlling High Blood Pressure—46 to 85 Years*, fell below the 25th percentile.

From a quality improvement perspective, the 2007 rates for 29 of the performance measures improved compared with rates in 2006. The largest improvement was for *Childhood Immunization Status—Combo 3*, which increased by 23.8 percentage points. This measure was also the only measure that scored above average nationally. This amount of improvement and national performance level are noted strengths.

The statewide average rates for three of the measures' performance declined between 2006 and 2007: *Controlling High Blood Pressure—46 to 85 Years*, *Use of Appropriate Medications for People With Asthma—10 to 17 Years*, and *Comprehensive Diabetes Care—Poor HbA1c Control* (an increase in this measure's rates indicates a decline in performance).

Table 3-4 presents the number of MHPs with performance measure rates of below average, average, and above average for 2007.

Table 3-4—Distribution of MHP Performance Compared to National Medicaid Benchmarks			
Performance Measures	Number of Stars		
	★	★★	★★★
<i>Childhood Immunization Status—Combo 2</i>	0	10	3
<i>Childhood Immunization Status—Combo 3</i>	0	3	10
<i>Adolescent Immunization—Combo 2</i>	0	7	6
<i>Appropriate Treatment for Children With URI</i>	6	7	0
<i>Appropriate Testing for Children With Pharyngitis</i>	4	8	1
<i>Breast Cancer Screening—42 to 51 Years</i>	†	†	†
<i>Breast Cancer Screening—52 to 69 Years</i>	0	12	1
<i>Breast Cancer Screening—Combined Rate</i>	†	†	†
<i>Cervical Cancer Screening</i>	1	9	3
<i>Controlling High Blood Pressure—18 to 45 Years</i>	†	†	†
<i>Controlling High Blood Pressure—46 to 85 Years</i>	6	7	0
<i>Controlling High Blood Pressure—Combined Rate</i>	†	†	†
<i>Chlamydia Screening in Women—16 to 20 Years</i>	0	11	2
<i>Chlamydia Screening in Women—21 to 25 Years</i>	0	11	2
<i>Chlamydia Screening in Women—Combined Rate</i>	0	11	2
<i>Comprehensive Diabetes Care—HbA1c Testing</i>	1	9	3
<i>Comprehensive Diabetes Care—Poor HbA1c Control*</i>	0	11	2
<i>Comprehensive Diabetes Care—Eye Exam</i>	0	10	3
<i>Comprehensive Diabetes Care—LDL-C Screening</i>	**	**	**
<i>Comprehensive Diabetes Care—LDL-C Level <100</i>	**	**	**
<i>Comprehensive Diabetes Care—Medical Attention for Nephropathy</i>	**	**	**
<i>Use of Appropriate Medications for People With Asthma—5 to 9 Years</i>	4	4	5
<i>Use of Appropriate Medications for People With Asthma—10 to 17 Years</i>	5	6	2
<i>Use of Appropriate Medications for People With Asthma—18 to 56 Years</i>	0	11	2
<i>Use of Appropriate Medications for People With Asthma—Combined Rate</i>	4	6	3
<i>Medical Assistance With Smoking Cessation—Advising Smokers to Quit</i>	†	†	†
<p>* Lower rates indicate better performance.</p> <p>**Changes were made to these measures' specifications; therefore, the 2007 rates are not comparable to national benchmarks.</p> <p>† National percentiles are not available for these measures.</p> <p>★ = Below-average performance relative to national Medicaid results.</p> <p>★★ = Average performance relative to national Medicaid results.</p> <p>★★★ = Above-average performance relative to national Medicaid results.</p>			

Table 3-4—Distribution of MHP Performance Compared to National Medicaid Benchmarks

Performance Measures	Number of Stars		
	★	★★	★★★
<i>Medical Assistance With Smoking Cessation—Discussing Smoking Cessation Strategies</i>	†	†	†
<i>Well-Child Visits in the First 15 Months of Life—Zero Visits*</i>	0	12	1
<i>Well-Child Visits in the First 15 Months of Life—Six or More Visits</i>	1	10	2
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	0	13	0
<i>Adolescent Well-Care Visits</i>	1	10	2
<i>Timeliness of Prenatal Care</i>	1	10	2
<i>Postpartum Care</i>	1	11	1
<i>Children’s Access to Primary Care Practitioners—12–24 Months</i>	1	12	0
<i>Children’s Access to Primary Care Practitioners—25 Months–6 Years</i>	3	10	0
<i>Children’s Access to Primary Care Practitioners—7–11 Years</i>	3	10	0
<i>Adolescents’ Access to Primary Care Practitioners—12–19 Years</i>	1	12	0
<i>Adults’ Access to Preventive/Ambulatory Health Services—20–44 Years</i>	0	12	1
<i>Adults’ Access o Preventive/Ambulatory Health Services—45–64 Years</i>	0	9	4
Total	43	284	63

* Lower rates indicate better performance.

**Changes were made to these measures’ specifications; therefore, the 2007 rates are not comparable to national benchmarks.

† National percentiles are not available for these measures.

- ★ = Below-average performance relative to national Medicaid results.
- ★★ = Average performance relative to national Medicaid results.
- ★★★ = Above-average performance relative to national Medicaid results.

Table 3-4 shows that about three-fourths of all performance measures’ rates fell in the average range relative to national Medicaid results. While 16 percent of the rates indicated above-average performance, 11 percent of the rates fell below the national average. Both above- and below-average rates were spread across a wide range of performance measures.

Together with the previous findings, the results of the current validation of performance measures show statewide improvement that reflects above-average performance, overall, from a national perspective.

Performance Improvement Projects (PIPs)

Table 3-5 presents a summary of the MHPs' PIP validation status results. For the 2006–2007 validation, all PIPs received a validation status of *Met*. This represents an improvement in the MHPs' understanding and implementation of the requirements of the CMS protocol for conducting PIPs, as only 87 percent of the PIPs received a validation status of *Met* in 2005–2006.

Table 3-5—MHP's 2005–2006 and 2006–2007 PIP Validation Status		
Validation Status	Percent of PIPs	
	2005–2006	2006–2007
<i>Met</i>	87%	100%
<i>Partially Met</i>	13%	0%
<i>Not Met</i>	0%	0%

The following presents a summary of the validation results for the MHPs for each of the ten activities from the CMS protocol. The MHPs were in different stages of implementation of their PIPs. Therefore, the number of MHPs evaluated for the activities varied. In 2005–2006, about half of the MHPs completed Activities I through X, and most of the remaining MHPs progressed through Activity IX. In 2006–2007, all but one MHP completed all ten activities. Table 3-6 shows the percentages of MHPs having completed the activity that met all of the evaluation and critical elements within each of the ten activities.

Table 3-6—Summary of Data From Validation of 2005–2006 and 2006–2007 PIPs		
Validation Activity	Percent Meeting all Elements/Percent Meeting all Critical Elements 2005–2006	Percent Meeting all Elements/Percent Meeting all Critical Elements 2006–2007
Activity I—Appropriate Study Topic	100% / 100%	100% / 100%
Activity II—Clearly Defined, Answerable Study Question	100% / 100%	100% / 100%
Activity III—Clearly Defined Study Indicator	87% / 87%	100% / 100%
Activity IV—Correctly Identified Study Population	100% / 100%	100% / 100%
Activity V—Valid Sampling Techniques	100% / 100%	100% / 100%
Activity VI—Accurate/Complete Data Collection	67% / NA	100% / 100%
Activity VII—Appropriate Improvement Strategies	100% / 100%	100% / 100%
Activity VIII—Sufficient Data Analysis and Interpretation	57% / 100%	83% / 100%
Activity IX—Real Improvement Achieved	50% / NCE	92% / NCE
Activity X—Sustained Improvement	57% / NCE	100% / NCE
Notes: NA is Not Applicable, NCE is No Critical Elements.		

Validation findings for both 2005–2006 and 2006–2007 reflect strong performance in the early activities related to the study design. The MHPs successfully addressed recommendations from the 2005–2006 validation in their next PIP submissions, resulting in scores of *Met* for almost all evaluation and critical elements in the 2006–2007 validation. Several plans improved their PIP by

including the estimated degree of data completeness along with the process used to determine this percentage, including a discussion of factors that could impact the results of the study, performing statistical analysis, or discussing factors that could impact the comparability of the data between measurement periods. Recommendations for the 2006–2007 validation were noted for two MHPs and addressed the need to discuss factors that threatened the validity of the PIP findings and perform statistical testing in the analysis of the PIP results.

Through their results, the MHPs demonstrated compliance with the requirements of the CMS protocol for conducting PIPs, resulting in high confidence that the PIPs produced valid results.

Consumer Assessment of Healthcare Providers and Systems (CAHPS)

Table 3-7 presents the detailed, statewide 2006 and 2007 CAHPS composite scores. The results showed improvement for every composite measure, although this finding was greatly influenced by the greater comparability of the child survey compared with the adult survey. Three of the five 2007 adult composite measures were not comparable with the previous year's results or to national benchmarks due to changes between the CAHPS Adult 3.0H and the Adult 4.0H surveys. One additional adult composite was new for 2007, leaving one comparable adult composite measure for 2007.

The consistent improvement across all comparable composite measures for both the top-box percentages and for the three-point mean scores suggests that the MHPs, as a group, have improved in two different manners. First, for the improvement in the top-box percentages, the proportion of MHP members who responded with the highest category for satisfaction increased for all comparable measures in the table. Second, for the improvement in the three-point mean scores, the average level of satisfaction across all members improved. These results demonstrate successful quality improvement statewide across the MHPs for the composite measures.

Table 3-7—Detailed State Average Results for the CAHPS Child and Adult Composite Scores					
CAHPS Measures	Top-Box Percentage		Three-Point Mean Scores		Performance Level for 2007
	2006	2007	2006	2007	
Child [†]					
Getting Needed Care	77.3%	79.3%	2.68	2.72	★★
Getting Care Quickly	52.9%	54.4%	2.31	2.33	★★
How Well Doctors Communicate	67.3%	68.9%	2.56	2.59	★★
Courteous and Helpful Office Staff	70.3%	72.6%	2.61	2.64	★★
Customer Service	71.4%	72.1%	2.63	2.65	★★
Adult					
Getting Needed Care ^{††}	††	50.6%	††	2.28	††
Getting Care Quickly ^{††}	††	56.5%	††	2.38	††
How Well Doctors Communicate	60.8%	66.5%	2.45	2.52	★★★
Customer Service ^{††}	††	52.5%	††	2.31	††
Shared Decision Making	—	58.8%	—	2.49	—
Notes:					
The top-box percentage indicates the percentage of responses of “Always,” “Definitely Yes,” or “Not a Problem.”					
Performance levels are based on accreditation benchmarks and thresholds for the adult Medicaid population and the distribution of NCQA national survey results for the child Medicaid population.					
† Child results for 2006 reflect 2005 data due to the measure being rotated in 2006.					
†† Due to changes from the CAHPS Adult 3.0H to the Adult 4.0H survey these composites are not comparable to the previous year’s results and national benchmarks.					
— The Shared Decision Making composite is a new measure for 2007.					
★ = Below-average performance (<25th percentile) relative to national Medicaid results					
★★ = Average performance (≥25th to <75th percentile) relative to national Medicaid results					
★★★ = Above-average performance (≥ 75th percentile) relative to national Medicaid results					

From a current quality perspective, the statewide results show average performance. Five of the six composite measures with comparable national frames of reference scored between the 25th and the 75th percentiles. No measure averaged below the national 25th percentile, and one adult measure, *How Well Doctors Communicate*, scored above the national 75th percentile for the adult survey.

Overall, the distribution of the results suggests somewhat different statewide interpretations of current satisfaction with health care quality, as assessed by the composite measures, for children versus adults. All five of the child measures are comparable across the two years presented. Assessed quality has improved for all five measures but is still about average from a national perspective. This finding suggests a continued opportunity for improvement across all composite measures for the child survey.

For adults, Table 3-7 shows that little can be reported beyond the establishment of baseline scores for four of the five composite measures. Nonetheless, for *How Well Doctors Communicate*, the MHPs demonstrated above-average performance, exceeding the national 75th percentile.

The 2006 and 2007 CAHPS Global Ratings shown in Table 3-8 present a different performance level of the child survey results compared to the adult survey results. Whereas only one adult composite score could be trended across the two presented years, all four of the adult global ratings could be trended.

Table 3-8—Detailed State Average Scores for CAHPS Child and Adult Global Ratings					
CAHPS Measures	Top-Box Percentage		Three-Point Mean Scores		Performance Level for 2007
	2006	2007	2006	2007	
Child [†]					
Rating of All Health Care	60.2%	61.9%	2.47	2.50	★
Rating of Personal Doctor	59.5%	59.7%	2.47	2.48	★
Rating of Specialist Seen Most Often	56.6%	60.3%	2.43	2.47	★★
Rating of Health Plan	54.9%	57.9%	2.39	2.45	★★
Adult					
Rating of All Health Care	53.8%	45.4%	2.35	2.21	★
Rating of Personal Doctor	57.2%	59.2%	2.41	2.42	★★
Rating of Specialist Seen Most Often	60.1%	59.4%	2.42	2.43	★★
Rating of Health Plan	52.3%	50.6%	2.33	2.30	★★
Notes:					
The top-box percentage indicates the percentage of respondents rating a measure 9 or 10 on a scale of 0 to 10.					
Performance levels are based on accreditation benchmarks and thresholds for the adult Medicaid population and the distribution of NCQA national survey results for the child Medicaid population.					
† Child results for 2006 reflect 2005 data due to the measure being rotated in 2006.					
★ = Below-average performance (<25th percentile) relative to national Medicaid results.					
★★ = Average performance (≥25th to <75th percentile) relative to national Medicaid results.					
★★★ = Above-average performance (≥ 75th percentile) relative to national Medicaid results.					

For the child population, the three-point mean scores and top-box percentages showed improvement for all the measures. However, two of the four measures showed below-average performance from a

national perspective. This finding suggests an important opportunity for improvement statewide for *Rating of All Health Care* and *Rating of Personal Doctor* for child members.

For the adult population, two of the four three-point mean scores declined: *Rating of All Health Care* and *Rating of Health Plan*. Further, for both measures that showed an increase in the three-point mean scores, they each did so by just 0.01 points, whereas the declining three-point mean scores did so by 0.14 and 0.03 points. Although three of the four ratings showed average performance from a national perspective, the fourth rating was below average. Together with the decline in half the measures, the adult global ratings were assessed as an overall opportunity for improvement for the MHPs, statewide.

Conclusions/Summary

The current review of the MHPs showed both strengths and opportunities for improvement statewide.

Results of the annual compliance reviews reflected strong performance by the MHPs related to their compliance with contractual requirements that were assessed on the six standards. Statewide, the area of strongest performance was in the Administrative standard, followed by Fraud and Abuse, Quality, Providers, Members, and Management Information and Data Reporting. While a decrease in scores from the 2005–2006 to the 2006–2007 annual review was noted, statewide scores for four of the six standards remained at or above 90 percent, indicating that almost all contractual requirements were met across the MHPs.

Average performance was seen across the performance measures. Only one measure, *Childhood Immunization Status—Combo 3*, had above average performance, and one measure had below average performance, *Controlling High Blood Pressure—46 to 85 Years*.

The 2006–2007 validation of the PIPs reflected improvement in the MHPs' compliance with the requirements of the ten activities in the CMS PIP Protocol. The MHPs successfully addressed recommendations from the 2005–2006 validation cycle, resulting in a validation status of *Met* for all 2006–2007 PIPs.

The MHPs showed average performance for all five of the 2007 child CAHPS composite measures. For the only comparable 2007 adult CAHPS composite measure, *How Well Doctors Communicate*, MHPs showed above average performance. For the global ratings, three of the ratings had below average performance. The *Rating of All Health Care* global rating had below average performance for both the adult and child populations.

Overview

This Appendices Introduction section of the report summarizes MHP-specific key findings and an assessment of MHP follow-up on prior recommendations for the three mandatory EQR-related activities: validation of performance measures, validation of PIPs, and compliance monitoring. In addition, CAHPS results are presented. For a more detailed description of the results of the mandatory EQR-related activities, refer to the aggregate and MHP-specific reports, including:

- ◆ Reports of site visit findings for each MHP
- ◆ Michigan Medicaid HEDIS 2007 results reports
- ◆ 2007 PIP validation reports

Michigan Medicaid Health Plan Names

MDCH uses a three-letter acronym for each MHP. The acronyms are illustrated in Table 4-1 and are used throughout this report.

Table 4-1—Michigan MHP Formal Names, Abbreviations, and Appendix Letter Assignment		
MHP Name	Acronym	Appendix Letter Assignment
Cape Health Plan	CAP	A
Community Choice Michigan	CCM	B
Great Lakes Health Plan	GLH	C
Health Plan of Michigan, Inc.	HPM	D
HealthPlus Partners, Inc.	HPP	E
M-CAID	MCD	F
McLaren Health Plan	MCL	G
Midwest Health Plan	MID	H
Molina Healthcare of Michigan	MOL	I
OmniCare Health Plan	OCH	J
Physicians Health Plan of Mid-Michigan Family Care	PMD	K
Physicians Health Plan of Southwest Michigan	PSW	L
Priority Health Government Programs, Inc.	PRI	M
Total Health Care, Inc.	THC	N
Upper Peninsula Health Plan	UPP	O

Appendix A. Findings—Cape Health Plan

CAP terminated its Medicaid contract on December 31, 2006; therefore, no EQR activities were conducted in 2006–2007. The following sections are limited to presenting findings from the 2005–2006 EQR activities.

Annual Compliance Review

According to 42 CFR 438.358, the State or its EQRO must conduct a review to determine the Medicaid managed care organizations' compliance with standards established by the State for access to care, structure and operations, and quality measurement and improvement. Table A-1 shows the results of the on-site reviews conducted by MDCH in 2005–2006: the number and percentage of criteria scored *No Findings* and the statewide average for each of the six standards.

Table A-1—Compliance Review Results <i>for CAP</i>						
Criteria Scored <i>No Findings</i>						
Standard		2005–2006			2006–2007	
		Number	Percentage	Statewide Average	Number	Percentage
1	Administrative	3/3	100%	98%		
2	Providers	11/11	100%	94%		
3	Members	7/7	100%	90%		
4	Quality	11/12	92%	94%		
5	Management Information and Data Reporting	4/5	80%	75%		
6	Fraud and Abuse	8/8	100%	95%		
Overall		96%		92%		

CAP demonstrated 100 percent compliance with contractual requirements related to the following standards: Administrative, Providers, Members, and Fraud and Abuse. On the Quality standard, the plan received one *Plan Action Needed* score as **CAP**'s performance measure rates did not meet all required minimum performance levels, resulting in a 92 percent score for this standard. The review of the Management Information and Data Reporting standard showed that **CAP** met all requirements except for the claims process, resulting in a score of 80 percent for this standard. **CAP**'s performance exceeded the statewide average rates overall and for five of the six standards, demonstrating strengths across all standards.

Performance Measures

As set forth in 42 CFR 438.358, the primary objectives of the performance measure validation process are to evaluate the accuracy of the performance measure data collected by the MHP and determine the extent to which the specific performance measures calculated by the MHP (or on behalf of the MHP) followed the specifications established for each performance measure. To meet the two primary objectives of the validation activity, a measure-specific review of all reported measures was performed, as well as a thorough information system evaluation to assess the ability of each MHP's support system to report accurate HEDIS measures. The results of this assessment for measurement year (MY) 2006, the last year that the plan was an MHP, are presented in Table A-2. The table shows each of the performance measures and their rate for the last year of MHP activity. Findings of strengths or opportunities for improvement, therefore, cannot be assessed.

Table A-2—CAP Scores for Performance Measures				
Dimensions	Performance Measures	Rate for 2006	Rate for 2007	Performance Level for 2007
Pediatric Care	<i>Childhood Immunization—Combo 2</i>	80.5%		
	<i>Childhood Immunization—Combo 3</i>	49.4%		
	<i>Adolescent Immunization—Combo 2</i>	60.3%		
	<i>Well-Child 1st 15 Months—0 Visits*</i>	1.5%		
	<i>Well-Child 1st 15 Months—6+ Visits</i>	50.9%		
	<i>Well-Child 3rd–6th Years of Life</i>	57.9%		
	<i>Adolescent Well-Care Visits</i>	33.1%		
	<i>Appropriate Treatment of URI</i>	79.8%		
	<i>Children With Pharyngitis</i>	60.2%		
Women's Care	<i>Breast Cancer Screening—42 to 51 Years</i>	**		
	<i>Breast Cancer Screening—52 to 69 Years</i>	59.5%		
	<i>Breast Cancer Screening—Combined</i>	**		
	<i>Cervical Cancer Screening</i>	73.5%		
	<i>Chlamydia Screening—16 to 20 Years</i>	43.4%		
	<i>Chlamydia Screening—21 to 25 Years</i>	49.2%		
	<i>Chlamydia Screening—Combined</i>	46.1%		
	<i>Timeliness of Prenatal Care</i>	85.4%		
	<i>Postpartum Care</i>	66.2%		
Living With Illness	<i>Diabetes Care—HbA1c Testing</i>	87.1%		
	<i>Diabetes Care—Poor HbA1c Control*</i>	30.4%		
	<i>Diabetes Care—Eye Exam</i>	64.7%		
	<i>Diabetes Care—LDL-C Screening</i>	86.1%		
	<i>Diabetes Care—LDL-C Level <100</i>	37.5%		
	<i>Diabetes Care—Nephropathy</i>	47.2%		
	<i>Asthma—5 to 9 Years</i>	88.8%		
	<i>Asthma—10 to 17 Years</i>	93.3%		
	<i>Asthma—18 to 56 Years</i>	87.8%		
* Lower rates are better for this measure.				
** New measures for 2007; therefore, 2006 rates are not available.				

Table A-2—CAP Scores for Performance Measures				
Dimensions	Performance Measures	Rate for 2006	Rate for 2007	Performance Level for 2007
Living With Illness	<i>Asthma—Combined Rate</i>	89.7%		
	<i>Controlling High Blood Pressure—18 to 45 Years</i>	**		
	<i>Controlling High Blood Pressure—46 to 85 Years</i>	59.6%		
	<i>Controlling High Blood Pressure—Combined</i>	**		
	<i>Advising Smokers to Quit</i>	64.0%		
	<i>Discussing Smoking Cessation Strategies</i>	35.3%		
Access to Care	<i>Children's Access—12 to 24 Months</i>	97.6%		
	<i>Children's Access—25 Months to 6 Years</i>	85.4%		
	<i>Children's Access—7 to 11 Years</i>	81.6%		
	<i>Adolescents' Access—12 to 19 Years</i>	82.0%		
	<i>Adults' Access—20 to 44 Years</i>	84.6%		
	<i>Adults' Access—45 to 64 Years</i>	91.6%		
* Lower rates are better for this measure.				
** New measures for 2007; therefore, 2006 rates are not available.				

In 2006, **CAP** exhibited above average performance (above the 90th percentile) for all four of the *Use of Appropriate Medications for People With Asthma* measures. However, **CAP** performed below average (below the 25th percentile) on the following measures: *Well-Child Visits in the First 15 Months of Life—Zero Visits*, *Appropriate Treatment for Children With URI*, *Timeliness of Prenatal Care*, *Postpartum Care*, and *Adolescents' Access to Primary Care Practitioners—12 to 19 Years*.

Validation of Performance Improvement Projects (PIPs)

Table A-3 presents the scoring for each of the activities in the CMS PIP Protocol. The table shows the number of elements within each activity and, of those, the number that were scored as *Met*, *Partially Met*, *Not Met*, or *NA*; the total percentage scores for evaluation and critical elements *Met*; and the validation status for the PIP.

Table A-3—PIP Two-Year Activity Scores for CAP									
Activity	Number of Elements	2005–2006 Validation				2006–2007 Validation			
		<i>Met</i>	<i>Part. Met</i>	<i>Not Met</i>	<i>NA</i>	<i>Met</i>	<i>Part. Met</i>	<i>Not Met</i>	<i>NA</i>
Activity I—Appropriate Study Topic	6	6	0	0	0				
Activity II—Clearly Defined, Answerable Study Question	2	2	0	0	0				
Activity III—Clearly Defined Study Indicator(s)	7	6	0	0	1				
Activity IV—Correctly Identified Study Population	3	3	0	0	0				
Activity V—Valid Sampling Techniques (if sampling was used)	6	6	0	0	0				
Activity VI—Accurate/Complete Data Collection	11	6	0	0	5				
Activity VII—Appropriate Improvement Strategies	4	4	0	0	0				
Activity VIII—Sufficient Data Analysis and Interpretation	9	8	0	1	0				
Activity IX—Real Improvement Achieved	4	4	0	0	0				
Activity X—Sustained Improvement Achieved	1	1	0	0	0				
Totals for all Activities	53	46	0	1	6				
Percentage Score of Evaluation Elements <i>Met</i>	98%								
Percentage Score of Critical Elements <i>Met</i>	100%								
Validation Status	<i>Met</i>								

Validation of Activities I through X resulted in a validation status of *Met* with an overall score of 98 percent and a score of 100 percent for critical elements. **CAP** demonstrated compliance with all applicable requirements of the CMS protocol for conducting PIPs with one exception: CAP did not address factors that affected the ability to compare baseline and remeasurement data (Activity VIII, Evaluation Element 8). Based on the results of the 2005–2006 validation, there is high confidence that the PIP produced valid results.

Consumer Assessment of Healthcare Providers and Systems (CAHPS)

The detailed results for **CAP**'s composite CAHPS scores are shown in Table A-4. The table presents each of the CAHPS measures, the top-box percentages, and the three-point mean scores for MY 2006. As the MHP was not active in MY 2007, only MY 2006 data are shown. Findings of strengths or opportunities for improvement, therefore, cannot be assessed.

Table A-4—CAP Detailed Results for the CAHPS Child and Adult Composite Scores					
CAHPS Measures	Top-Box Percentage		Three-Point Mean Scores		Performance Level for 2007
	2006	2007	2006	2007	
Child†					
Getting Needed Care	76.5%		2.68		
Getting Care Quickly	54.6%		2.33		
How Well Doctors Communicate	70.7%		2.61		
Courteous and Helpful Office Staff	73.6%		2.64		
Customer Service	NA		NA		
Adult					
Getting Needed Care	70.4%		2.57		
Getting Care Quickly	47.4%		2.17		
How Well Doctors Communicate	61.0%		2.44		
Customer Service	70.7%		2.60		
Shared Decision Making	—		—		
Notes:					
The top-box percentage indicates the percentage of responses of “Always” or “Not a Problem.”					
Performance levels are based on accreditation benchmarks and thresholds for the adult Medicaid population and the distribution of NCQA national survey results for the child Medicaid population.					
† Child results for 2006 reflect 2005 data due to the measure being rotated in 2006.					
— The Shared Decision Making composite is a new measure for 2007.					
NA Composites that do not meet the minimum number of 100 responses are denoted as NA.					
★ = Below-average performance (<25th percentile) relative to national Medicaid results					
★★ = Average performance (≥25th to <75th percentile) relative to national Medicaid results					
★★★ = Above-average performance (≥ 75th percentile) relative to national Medicaid results					

CAP's child population had higher performance than the adult population for the three comparable composite measures. Scores for two of the child composite measures in 2006 were above the 80th percentile when compared to NCQA's national distribution of plan-level results, while three of the adult composite measures fell below the 50th percentile when compared to NCQA's benchmarks and thresholds.

The detailed results for CAP’s global CAHPS ratings are shown in Table A-5. The table presents each of the CAHPS measures, the top-box percentages, and the three-point mean scores for MY 2006. As the MHP was not active in MY 2007, only MY 2006 data are shown. Findings of strengths or opportunities for improvement, therefore, cannot be assessed.

Table A-5—CAP Detailed Scores for CAHPS Child and Adult Global Ratings					
CAHPS Measures	Top-Box Percentage		Three-Point Mean Scores		Performance Level for 2007
	2006	2007	2006	2007	
Child†					
Rating of All Health Care	61.4%		2.53		
Rating of Personal Doctor	57.8%		2.47		
Rating of Specialist Seen Most Often	NA		NA		
Rating of Health Plan	58.2%		2.44		
Adult					
Rating of All Health Care	52.5%		2.31		
Rating of Personal Doctor	53.2%		2.31		
Rating of Specialist Seen Most Often	66.9%		2.53		
Rating of Health Plan	45.8%		2.22		
Notes:					
The top-box percentage indicates the percentage of respondents rating 9 or 10 on a scale of 0 to 10.					
Performance levels are based on accreditation benchmarks and thresholds for the adult Medicaid population and the distribution of NCQA national survey results for the child Medicaid population.					
† Child results for 2006 reflect 2005 data due to the measure being rotated in 2006.					
NA Global ratings that do not meet the minimum number of 100 responses are denoted as Not Applicable (NA).					
★ = Below-average performance (<25th percentile) relative to national Medicaid results.					
★★ = Average performance (≥25th to <75th percentile) relative to national Medicaid results.					
★★★ = Above-average performance (≥ 75th percentile) relative to national Medicaid results.					

CAP’s child population had higher performance for the three comparable global ratings when compared to the adult population. Scores for the three reportable child global ratings in 2006 fell below the 40th percentile when compared to NCQA’s national distribution of plan-level results, and three of the four adult global ratings also fell below the 40th percentile when compared to NCQA’s benchmarks and thresholds.

Assessment of Follow-up on Prior Recommendations

Follow-up on prior recommendations could not be assessed because CAP was not included in the 2006–2007 EQR activities.

Recommendations and Summary Assessment Related to Quality, Timeliness, and Access

No recommendations or conclusions can be stated because CAP was not included in the 2006–2007 EQR activities.

Annual Compliance Review

According to 42 CFR 438.358, the State or its EQRO must conduct a review to determine the Medicaid managed care organizations' compliance with standards established by the State for access to care, structure and operations, and quality measurement and improvement. Table B-1 shows the results of the on-site reviews conducted by MDCH in 2005–2006 and 2006–2007: the number and percentage of criteria scored *No Findings* and the statewide average for each of the six standards.

Table B-1—Compliance Review Results for CCM							
Criteria Scored <i>No Findings</i>							
Standard		2005–2006			2006–2007		
		Number	Percentage	Statewide Average	Number	Percentage	Statewide Average
1	Administrative	2/3	67%	98%	1/3	33%	92%
2	Providers	8/11	73%	94%	9/11	82%	90%
3	Members	5/7	71%	90%	6/7	86%	87%
4	Quality	10/12	83%	94%	10/12	83%	92%
5	Management Information and Data Reporting	2/5	40%	75%	3/5	60%	71%
6	Fraud and Abuse	7/8	88%	95%	5/8	63%	92%
Overall		74%		92%	74%		89%

CCM's performance on the 2006–2007 compliance review indicated improvement as well as strengths in the following areas: Providers, Members, and Management Information and Data Reporting. CCM's performance on the Quality standard remained the same, and declined for the Administrative and Fraud and Abuse standards. CCM received its lowest scores on the Administrative standard—generally a statewide strength—and the Management Information and Data Reporting standard, which was the lowest-scoring area statewide. Opportunities for improvement were identified across all standards. CCM's performance overall and on the six standards remained below the statewide averages.

Performance Measures

As set forth in 42 CFR 438.358, the primary objectives of the performance measure validation process are to evaluate the accuracy of the performance measure data collected by the MHP and determine the extent to which the specific performance measures calculated by the MHP (or on behalf of the MHP) followed the specifications established for each performance measure. To meet the two primary objectives of the validation activity, a measure-specific review of all reported measures was performed, as well as a thorough information system evaluation to assess the ability of each MHP's support system to report accurate HEDIS measures. The results of this assessment are presented in Table B-2. The table shows each of the performance measures, the rates for each measure for 2006 and for 2007, and the categorized performance for 2007 relative to national Medicaid results.

Table B-2—CCM Scores for Performance Measures				
Dimensions	Performance Measures	Rate for 2006	Rate for 2007	Performance Level for 2007
Pediatric Care	<i>Childhood Immunization—Combo 2</i>	75.7%	74.9%	★★
	<i>Childhood Immunization—Combo 3</i>	33.6%	62.5%	★★★
	<i>Adolescent Immunization—Combo 2</i>	62.6%	67.1%	★★
	<i>Well-Child 1st 15 Months—0 Visits*</i>	3.9%	3.4%	★★
	<i>Well-Child 1st 15 Months—6+ Visits</i>	41.6%	37.5%	★
	<i>Well-Child 3rd–6th Years of Life</i>	54.6%	56.9%	★★
	<i>Adolescent Well-Care Visits</i>	37.0%	31.1%	★
	<i>Appropriate Treatment of URI</i>	75.9%	79.4%	★★
	<i>Children With Pharyngitis</i>	49.0%	54.5%	★★
Women's Care	<i>Breast Cancer Screening—42 to 51 Years</i>	**	39.2%	†
	<i>Breast Cancer Screening—52 to 69 Years</i>	47.1%	53.6%	★★
	<i>Breast Cancer Screening—Combined</i>	**	45.6%	†
	<i>Cervical Cancer Screening</i>	67.6%	65.6%	★★
	<i>Chlamydia Screening—16 to 20 Years</i>	48.1%	46.8%	★★
	<i>Chlamydia Screening—21 to 25 Years</i>	52.9%	56.5%	★★
	<i>Chlamydia Screening—Combined</i>	50.2%	50.7%	★★
	<i>Timeliness of Prenatal Care</i>	76.6%	81.3%	★★
	<i>Postpartum Care</i>	60.1%	62.8%	★★
<p>* Lower rates are better for this measure.</p> <p>**Changes were made to these measures' specifications; therefore, the 2007 rates are not comparable to the previous year's rates or national benchmarks.</p> <p>† National percentiles were not available for these measures.</p> <p>★ = Below-average performance relative to national Medicaid results.</p> <p>★★ = Average performance relative to national Medicaid results.</p> <p>★★★ = Above-average performance relative to national Medicaid results.</p>				

Table B-2—CCM Scores for Performance Measures				
Dimensions	Performance Measures	Rate for 2006	Rate for 2007	Performance Level for 2007
Living With Illness	<i>Diabetes Care—HbA1c Testing</i>	81.5%	83.7%	★★
	<i>Diabetes Care—Poor HbA1c Control*</i>	46.2%	43.1%	★★
	<i>Diabetes Care—Eye Exam</i>	41.8%	43.8%	★★
	<i>Diabetes Care—LDL-C Screening</i>	**	66.9%	**
	<i>Diabetes Care—LDL-C Level <100</i>	**	29.2%	**
	<i>Diabetes Care—Nephropathy</i>	**	76.6%	**
	<i>Asthma—5 to 9 Years</i>	89.2%	95.7%	★★
	<i>Asthma—10 to 17 Years</i>	90.1%	91.8%	★★
	<i>Asthma—18 to 56 Years</i>	88.7%	89.0%	★★
	<i>Asthma—Combined Rate</i>	89.1%	91.0%	★★
	<i>Controlling High Blood Pressure—18 to 45 Years</i>	**	56.3%	†
	<i>Controlling High Blood Pressure—46 to 85 Years</i>	65.3%	59.9%	★★
	<i>Controlling High Blood Pressure—Combined</i>	**	58.6%	†
	<i>Advising Smokers to Quit</i>	71.8%	77.1%	†
	<i>Discussing Smoking Cessation Strategies</i>	29.3%	36.1%	†
Access to Care	<i>Children's Access—12 to 24 Months</i>	90.4%	93.2%	★★
	<i>Children's Access—25 Months to 6 Years</i>	77.8%	80.0%	★★
	<i>Children's Access—7 to 11 Years</i>	78.1%	81.6%	★★
	<i>Adolescents' Access—12 to 19 Years</i>	74.9%	78.4%	★★
	<i>Adults' Access—20 to 44 Years</i>	75.2%	78.5%	★★
	<i>Adults' Access—45 to 64 Years</i>	82.7%	85.8%	★★
<p>* Lower rates are better for this measure.</p> <p>**Changes were made to these measures' specifications; therefore, the 2007 rates are not comparable to the previous year's rates or national benchmarks.</p> <p>† National percentiles were not available for these measures.</p> <p>★ = Below-average performance relative to national Medicaid results.</p> <p>★★ = Average performance relative to national Medicaid results.</p> <p>★★★ = Above-average performance relative to national Medicaid results.</p>				

Table B-2 shows that **CCM**'s rates were above the national Medicaid HEDIS 2006 90th percentile for one of the performance measures with national frames of reference, *Childhood Immunization Status—Combo 3*. This measure represented an area of relative strength for **CCM**.

The table also shows that rates for 27 of the performance measures were average, falling between the national Medicaid HEDIS 2006 25th and 90th percentiles.

Two rates were below national Medicaid HEDIS 2006 25th percentiles and also declined between 2006 and 2007. These rates were for *Well-Child Visits in the First 15 Months of Life—Six or More Visits* and *Adolescent Well-Care Visits*. These measures represented relative opportunities for improvement for **CCM** compared with national results.

From a quality improvement perspective, differences in rates need to be evaluated from year to year. For 2007, rates improved or remained the same for 26 of the comparable performance measures over the previous year. The largest increase was 28.9 percentage points for *Childhood Immunization Status—Combo 3*.

The rates decreased for six of the performance measures during the same time period. The largest decrease was 5.9 percentage points for *Adolescent Well-Care Visits*, which was also below average from a national perspective. Measures with rates that decreased represented opportunities for improvement for **CCM**.

Validation of Performance Improvement Projects (PIPs)

Table B-3 presents the scoring for each of the activities in the CMS PIP Protocol. The table shows the number of elements within each activity and, of those, the number that were scored as *Met*, *Partially Met*, *Not Met*, or *NA*; the total percentage scores for evaluation and critical elements *Met*; and the validation status for the PIP.

Table B-3—PIP Two-Year Activity Scores for CCM									
Activity	Number of Elements	2005–2006 Validation				2006–2007 Validation			
		<i>Met</i>	<i>Part. Met</i>	<i>Not Met</i>	<i>NA</i>	<i>Met</i>	<i>Part. Met</i>	<i>Not Met</i>	<i>NA</i>
Activity I—Appropriate Study Topic	6	6	0	0	0	6	0	0	0
Activity II—Clearly Defined, Answerable Study Question	2	2	0	0	0	2	0	0	0
Activity III—Clearly Defined Study Indicator(s)	7	6	0	0	1	6	0	0	1
Activity IV—Correctly Identified Study Population	3	3	0	0	0	3	0	0	0
Activity V—Valid Sampling Techniques (if sampling was used)	6	6	0	0	0	0	0	0	6
Activity VI—Accurate/Complete Data Collection	11	6	0	0	5	6	0	0	5
Activity VII—Appropriate Improvement Strategies	4	3	0	0	1	3	0	0	1
Activity VIII—Sufficient Data Analysis and Interpretation	9	9	0	0	0	8	0	0	1
Activity IX—Real Improvement Achieved	4	4	0	0	0	4	0	0	0
Activity X—Sustained Improvement Achieved	1	1	0	0	0	1	0	0	0
Totals for all Activities	53	46	0	0	7	39	0	0	14
Percentage Score of Evaluation Elements <i>Met</i>	100%					100%			
Percentage Score of Critical Elements <i>Met</i>	100%					100%			
Validation Status	<i>Met</i>					<i>Met</i>			

Validation of Activities I through X resulted in a validation status of *Met* with an overall score of 100 percent and a score of 100 percent for critical elements for both the 2005–2006 and the 2006–2007 validation. **CCM** demonstrated compliance with all applicable requirements of the CMS protocol for conducting PIPs. There were no opportunities for improvement identified for **CCM**. Based on the results of the 2006–2007 validation, there was high confidence that the PIP produced valid results.

Consumer Assessment of Healthcare Providers and Systems (CAHPS)

The detailed results for CCM’s composite CAHPS scores are shown in Table B-4. The table presents each of the CAHPS measures, the top-box percentages for 2006 and 2007, the three-point mean scores for 2006 and 2007, and the overall performance levels for 2007.

Table B-4—CCM Detailed Results for the CAHPS Child and Adult Composite Scores					
CAHPS Measures	Top-Box Percentage		Three-Point Mean Scores		Performance Level for 2007
	2006	2007	2006	2007	
Child [†]					
Getting Needed Care	71.5%	76.9%	2.56	2.68	★
Getting Care Quickly	44.7%	47.3%	2.14	2.22	★
How Well Doctors Communicate	61.5%	61.8%	2.46	2.50	★
Courteous and Helpful Office Staff	67.0%	65.3%	2.54	2.53	★
Customer Service	NA	NA	NA	NA	NA
Adult					
Getting Needed Care ^{††}	††	53.7%	††	2.32	††
Getting Care Quickly ^{††}	††	59.8%	††	2.45	††
How Well Doctors Communicate	61.0%	67.7%	2.45	2.56	★★★
Customer Service ^{††}	††	NA	††	NA	††
Shared Decision Making	—	62.7%	—	2.54	—
Notes:					
The top-box percentage indicates the percentage of responses of “Always,” “Definitely Yes,” or “Not a Problem.”					
Performance levels are based on accreditation benchmarks and thresholds for the adult Medicaid population and the distribution of NCQA national survey results for the child Medicaid population.					
† Child results for 2006 reflect 2005 data due to the measure being rotated in 2006.					
†† Due to changes from the CAHPS Adult 3.0H to the Adult 4.0H survey, these composites are not comparable to the previous year’s results or national benchmarks.					
— The Shared Decision Making composite is a new measure for 2007.					
NA Composites that do not meet the minimum number of 100 responses are denoted as Not Applicable (NA).					
★ = Below-average performance (<25th percentile) relative to national Medicaid results					
★★ = Average performance (≥25th to <75th percentile) relative to national Medicaid results					
★★★ = Above-average performance (≥ 75th percentile) relative to national Medicaid results					

CCM showed below-average performance on all four comparable 2007 child CAHPS composite measures, indicating that several opportunities exist to improve member satisfaction. For the only comparable 2007 adult CAHPS composite measure, *How Well Doctors Communicate*, CCM showed above-average performance. A comparison of the 2007 three-point mean scores to the 2006 three-point mean scores revealed an increase in four of the five comparable measures for the child and adult populations combined.

CCM’s 2007 performance level for the child survey composite scores showed consistently below-average three-point mean scores from a national perspective. Although three of the four composite scores increased both top-box percentages and three-point mean scores for the survey, all four reported child measures were assessed as opportunities for improvement.

The only trendable adult composite measure was *How Well Doctors Communicate*. This measure was a strength for CCM, with an improved top-box percentage and three-point mean score, as well as above-average scores from a national perspective.

CCM's detailed scores for global ratings are presented in Table B-5. The table shows each of the four CAHPS global measures, the top satisfaction percentages for 2006 and 2007, the three-point mean scores for 2006 and 2007, and the overall performance level for 2007.

Table B-5—CCM Detailed Scores for CAHPS Child and Adult Global Ratings					
CAHPS Measures	Top-Box Percentage		Three-Point Mean Scores		Performance Level for 2007
	2006	2007	2006	2007	
Child†					
Rating of All Health Care	54.1%	56.1%	2.36	2.38	★
Rating of Personal Doctor	54.4%	52.3%	2.36	2.35	★
Rating of Specialist Seen Most Often	NA	NA	NA	NA	NA
Rating of Health Plan	46.8%	46.3%	2.23	2.27	★
Adult					
Rating of All Health Care	48.0%	48.7%	2.26	2.23	★
Rating of Personal Doctor	53.1%	62.0%	2.39	2.44	★★
Rating of Specialist Seen Most Often	54.2%	60.5%	2.31	2.43	★★
Rating of Health Plan	45.5%	54.1%	2.20	2.33	★★
Notes:					
The top-box percentage indicates the percentage of respondents rating 9 or 10 on a scale of 0 to 10.					
Performance levels are based on accreditation benchmarks and thresholds for the adult Medicaid population and the distribution of NCQA national survey results for the child Medicaid population.					
† Child results for 2006 reflect 2005 data due to the measure being rotated in 2006.					
NA Global ratings that do not meet the minimum number of 100 responses are denoted as Not Applicable (NA).					
★ = Below-average performance (<25th percentile) relative to national Medicaid results.					
★★ = Average performance (≥25th to <75th percentile) relative to national Medicaid results.					
★★★ = Above-average performance (≥ 75th percentile) relative to national Medicaid results.					

CCM's top-box percentages increased for one of the three comparable child CAHPS global ratings from 2006 to 2007. However, all three comparable global ratings showed below-average performance when compared to NCQA national survey results. These areas of below-average performance could be targeted for quality improvement activities aimed at improving member satisfaction.

CCM showed average performance on three of the four adult CAHPS global ratings: *Rating of Personal Doctor*, *Rating of Specialist Seen Most Often*, and *Rating of Health Plan*. Below-average performance on *Rating of All Health Care* indicates that an opportunity still exists to improve member satisfaction. A comparison of the 2007 three-point mean scores to the 2006 three-point mean scores revealed an increase on two of the three comparable measures for child global ratings and an increase in three of the four adult global ratings.

Table B-5 supports the finding from Table B-4 regarding the child survey results representing an opportunity for improvement for **CCM**. Although two of the three trendable child measures somewhat improved, all three reported child global ratings showed below-average performance from a national perspective.

The results for the adult survey showed three of the four global ratings at about average performance nationally. All three of these rates increased, some by a moderate amount (i.e., up to 8.9 percentage points for *Rating of Personal Doctor* and 0.13 points in the three-point mean score for *Rating of Health Plan*). The adult global ratings for **CCM** were, therefore, assessed as an area of general improvement with a targeted opportunity for improvement in *Rating of All Health Care*.

Assessment of Follow-up on Prior Recommendations

Annual Compliance Reviews

CCM successfully addressed 4 of the 12 recommendations from the 2005–2006 site visit: **CCM** demonstrated compliance with the requirements related to MDCH notification of any changes in the plan's subcontractors, met the timelines for member appeals, and met requirements for the management information systems support operations. **CCM** should continue its efforts to comply with all requirements related to the MHP's governing body, provider network availability, the member handbook, the Persons with Special Health Care Needs (PSHCN) process, performance measures, its claims payment process, and fraud and abuse monitoring of providers.

Performance Measures

Based on **CCM**'s performance on the well-child measures compared to the national 25th percentile, **CCM** needed to increase its efforts to improve these rates. In 2006, **CCM** worked to improve its outreach to both members and physicians regarding well visits by: sending out a monthly mailer to children due for screening; providing PCPs with monthly lists of members who had not received care; implementing the Babies First program (a coupon incentive program to encourage members to keep and make well-child visits); and printing articles related to the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program in provider and member newsletters. Another area of pediatric care in which **CCM**'s performance fell below the national 25th percentile was *Appropriate Treatment for Children With URI*. Based on **CCM**'s Quality Improvement Program Annual Summary and Effectiveness Review, no interventions were implemented that directly addressed this measure.

Furthermore, **CCM** had performance issues with *Breast Cancer Screening*. No initiatives were identified in **CCM**'s 2006 Quality Improvement Annual Summary Effectiveness Review for Breast Cancer Screening.

In addition, **CCM** needed to improve its performance on children's access to primary care. In order to improve these measures, birthday card reminders were sent yearly to remind members to access services for continued good health; members' current telephone number and address were verified during each contact; and two studies were conducted, one on appointment access and availability and another on after-hours access to care.

Performance Improvement Projects (PIPs)

No recommendations were made for **CCM** because all applicable evaluation and critical elements were scored *Met* in 2005–2006.

Recommendations and Summary Assessment Related to Quality, Timeliness, and Access

The annual compliance review assessed **CCM**'s performance on six standards, which addressed the **quality** and **timeliness** of, and **access** to, services provided by the MHP. **CCM** demonstrated mixed performance on the compliance review across all three of the domains of **quality**, **timeliness**, and **access**. MDCH identified opportunities for improvement for all standards. In order to comply with the administrative requirements related to the domain of **quality**, **CCM** should provide a revised organizational chart and fill a vacant board seat. On the Providers, Members, and Fraud and Abuse standards, which addressed the domains of **quality**, **timeliness**, and **access**, **CCM** should continue its efforts to expand its network, revise the member handbook, and meet requirements related to fraud and abuse monitoring and reporting. On the Quality standard, related to the domains of **quality** and **access**, **CCM** should demonstrate its compliance with requirements for the PSHCN process and evaluate its efforts related to the performance measures. In the area of Management Information and Data reporting, addressing both **quality** and **timeliness**, **CCM** should address recommendations related to the claims payment process and the electronic file processing.

Overall, average performance was seen across the **quality**, **timeliness**, and **access** domains. However, one measure, *Childhood Immunization Status—Combo 3*, which falls into the **quality** and **timeliness** domains, performed above average compared to national benchmarks. Two measures in the **quality** domain, on the other hand, performed below average (*Well-Child Visits in the First 15 Months of Life—Six or More Visits* and *Adolescent Well-Care Visits*). Although **CCM** implemented improvement efforts this past year that targeted well-child visits, **CCM** should look into additional quality improvement strategies that might better target its population. Potential actions might include providing incentives to physicians for their performance on the well-child measures or providing education to providers on proper coding of well-child visits.

The EQR activities related to the validation of performance improvement projects addressed the validity and reliability of the MHP's processes for conducting valid performance improvement projects. Therefore, all PIPs were assigned to the **quality** domain. **CCM** demonstrated strong performance related to the quality of its PIP and a thorough understanding of the requirements of the CMS protocol for conducting PIPs.

In the CAHPS domain of **quality**, **CCM** had average or above-average performance on 4 of the 12 comparable measures. **CCM** demonstrated below-average performance across both the **access** and **timeliness** domains, based only on an evaluation of the child population. Measures that showed below-average performance represented the largest opportunity for quality improvement. For both the adult and child populations, the measure with the largest opportunity for improvement was *Rating of All Health Care*. In order to improve the overall *Rating of All Health Care* measure, quality improvement activities could target member satisfaction with physicians, member perception of access to care, experience with care, and experience with the health plan.

Annual Compliance Review

According to 42 CFR 438.358, the State or its EQRO must conduct a review to determine the Medicaid managed care organizations' compliance with standards established by the State for access to care, structure and operations, and quality measurement and improvement. Table C-1 shows the results of the on-site reviews conducted by MDCH in 2005–2006 and 2006–2007: the number and percentage of criteria scored *No Findings* and the statewide average for each of the six standards.

Table C-1—Compliance Review Results for GLH							
Criteria Scored <i>No Findings</i>							
Standard		2005–2006			2006–2007		
		Number	Percentage	Statewide Average	Number	Percentage	Statewide Average
1	Administrative	3/3	100%	98%	3/3	100%	92%
2	Providers	11/11	100%	94%	11/11	100%	90%
3	Members	6/7	86%	90%	7/7	100%	87%
4	Quality	11/12	92%	94%	12/12	100%	92%
5	Management Information and Data Reporting	4/5	80%	75%	4/5	80%	71%
6	Fraud and Abuse	8/8	100%	95%	8/8	100%	92%
Overall		93%		92%	98%		89%

GLH demonstrated compliance with all contractual requirements related to the Administrative, Providers, and Fraud and Abuse standards for both review periods. **GLH** increased its compliance on the Members and Quality standards to also achieve 100 percent scores in these areas in the 2006–2007 review. For the 2006–2007 compliance review, **GLH** met all but one of the criteria assessed. On the Management Information and Data Reporting standard, **GLH** had one continuing recommendation related to timely submission of required reports. **GLH**'s performance exceeded the statewide averages for all standards as well as overall in both 2005–2006 and 2006–2007.

Performance Measures

As set forth in 42 CFR 438.358, the primary objectives of the performance measure validation process are to evaluate the accuracy of the performance measure data collected by the MHP and to determine the extent to which the specific performance measures calculated by the MHP (or on behalf of the MHP) followed the specifications established for each performance measure. To meet the two primary objectives of the validation activity, a measure-specific review of all reported measures was performed, as well as a thorough information system evaluation to assess the ability of each MHP's support system to report accurate HEDIS measures. The results of this assessment are presented in Table C-2. The table shows each of the performance measures, the rates for each measure for 2006 and 2007, and the categorized performance for 2007 relative to national Medicaid results.

Table C-2—GLH Scores for Performance Measures				
Dimensions	Performance Measures	Rate for 2006	Rate for 2007	Performance Level for 2007
Pediatric Care	<i>Childhood Immunization—Combo 2</i>	72.0%	77.6%	★★
	<i>Childhood Immunization—Combo 3</i>	37.2%	63.3%	★★★
	<i>Adolescent Immunization—Combo 2</i>	56.4%	66.7%	★★
	<i>Well-Child 1st 15 Months—0 Visits*</i>	0.7%	0.3%	★★★
	<i>Well-Child 1st 15 Months—6+ Visits</i>	64.2%	91.1%	★★★
	<i>Well-Child 3rd–6th Years of Life</i>	66.9%	69.8%	★★
	<i>Adolescent Well-Care Visits</i>	52.1%	58.8%	★★★
	<i>Appropriate Treatment of URI</i>	70.7%	74.6%	★
	<i>Children With Pharyngitis</i>	35.6%	41.5%	★★
Women's Care	<i>Breast Cancer Screening—42 to 51 Years</i>	**	43.8%	†
	<i>Breast Cancer Screening—52 to 69 Years</i>	59.3%	56.6%	★★
	<i>Breast Cancer Screening—Combined</i>	**	50.3%	†
	<i>Cervical Cancer Screening</i>	60.1%	64.6%	★★
	<i>Chlamydia Screening—16 to 20 Years</i>	47.2%	49.8%	★★
	<i>Chlamydia Screening—21 to 25 Years</i>	55.8%	57.5%	★★
	<i>Chlamydia Screening—Combined</i>	51.0%	52.9%	★★
	<i>Timeliness of Prenatal Care</i>	75.4%	78.3%	★★
	<i>Postpartum Care</i>	51.3%	58.6%	★★
<p>* Lower rates are better for this measure.</p> <p>**Changes were made to these measures' specifications; therefore, the 2007 rates are not comparable to the previous year's rates or national benchmarks.</p> <p>† National percentiles are not available for these measures.</p> <p>★ = Below-average performance relative to national Medicaid results.</p> <p>★★ = Average performance relative to national Medicaid results.</p> <p>★★★ = Above-average performance relative to national Medicaid results.</p>				

Table C-2—GLH Scores for Performance Measures				
Dimensions	Performance Measures	Rate for 2006	Rate for 2007	Performance Level for 2007
Living With Illness	<i>Diabetes Care—HbA1c Testing</i>	73.5%	77.1%	★★
	<i>Diabetes Care—Poor HbA1c Control*</i>	47.4%	50.6%	★★
	<i>Diabetes Care—Eye Exam</i>	52.6%	53.3%	★★
	<i>Diabetes Care—LDL-C Screening</i>	**	76.9%	**
	<i>Diabetes Care—LDL-C Level <100</i>	**	30.9%	**
	<i>Diabetes Care—Nephropathy</i>	**	77.9%	**
	<i>Asthma—5 to 9 Years</i>	85.9%	84.7%	★
	<i>Asthma—10 to 17 Years</i>	83.0%	80.8%	★
	<i>Asthma—18 to 56 Years</i>	88.4%	89.9%	★★
	<i>Asthma—Combined Rate</i>	86.7%	86.8%	★★
	<i>Controlling High Blood Pressure—18 to 45 Years</i>	**	47.7%	†
	<i>Controlling High Blood Pressure—46 to 85 Years</i>	51.1%	51.7%	★
	<i>Controlling High Blood Pressure—Combined</i>	**	50.6%	†
	<i>Advising Smokers to Quit</i>	66.8%	68.9%	†
	<i>Discussing Smoking Cessation Strategies</i>	28.7%	31.9%	†
Access to Care	<i>Children's Access—12 to 24 Months</i>	96.7%	97.6%	★★
	<i>Children's Access—25 Months to 6 Years</i>	85.4%	86.5%	★★
	<i>Children's Access—7 to 11 Years</i>	82.1%	84.7%	★★
	<i>Adolescents' Access—12 to 19 Years</i>	81.4%	84.7%	★★
	<i>Adults' Access—20 to 44 Years</i>	78.7%	80.6%	★★
	<i>Adults' Access—45 to 64 Years</i>	86.8%	88.1%	★★
<p>* Lower rates are better for this measure.</p> <p>**Changes were made to these measures' specifications; therefore, the 2007 rates are not comparable to the previous year's rates or national benchmarks.</p> <p>† National percentiles are not available for these measures.</p> <p>★ = Below-average performance relative to national Medicaid results.</p> <p>★★ = Average performance relative to national Medicaid results.</p> <p>★★★ = Above-average performance relative to national Medicaid results.</p>				

Table C-2 shows that **GLH**'s rates were above the national Medicaid HEDIS 2006 90th percentiles for four performance measures: *Childhood Immunization—Combo 3*, *Well-Child Visits in the First 15 Months of Life—Zero Visits*, *Well-Child Visits in the First 15 Months of Life—Six or More Visits*, and *Adolescent Well-Care Visits*. These measures represented areas of relative strength for **GLH**.

The table also shows that the rates for 22 of the performance measures were about average, falling between the national Medicaid HEDIS 2006 25th and 90th percentiles. These measures represented neither relative areas of strength nor a necessarily high-priority opportunity for improvement.

Four rates were below the national Medicaid HEDIS 2006 25th percentile. These rates were: *Appropriate Treatment for Children With URI*, *Controlling High Blood Pressure—46 to 85 Years*, *Use of Appropriate Medications for People With Asthma—5 to 9 Years*, and *Use of Appropriate*

Medications for People With Asthma—10 to 17 Years. These measures, when compared with national results, represented relative opportunities for improvement for **GLH**.

From a quality improvement perspective, differences in rates need to be evaluated from year to year. From 2006 to 2007, rates improved or remained the same for 28 of the performance measures. The largest increase was 26.9 percentage points for *Well-Child Visits in the First 15 Months of Life—Six or More Visits*.

The rates decreased for four of the performance measures from 2006 to 2007. These four rates were for: *Breast Cancer Screening—52 to 69 Years*, *Comprehensive Diabetes Care—Poor HbA1c Control* (a declining, reversed measure), *Use of Appropriate Medications for People With Asthma—5 to 9 Years*, and *Use of Appropriate Medications for People With Asthma—10 to 17 Years*. These measures represent areas in which **GLH** can focus improvement.

Validation of Performance Improvement Projects (PIPs)

Table C-3 presents the scoring for each of the activities in the CMS PIP Protocol. The table shows the number of elements within each activity and, of those, the number that were scored as *Met*, *Partially Met*, *Not Met*, or *NA*; the total percentage scores for evaluation and critical elements *Met*; and the validation status for the PIP.

Table C-3—PIP Two-Year Activity Scores for GLH									
Activity	Number of Elements	2005–2006 Validation				2006–2007 Validation			
		<i>Met</i>	<i>Part. Met</i>	<i>Not Met</i>	<i>NA</i>	<i>Met</i>	<i>Part. Met</i>	<i>Not Met</i>	<i>NA</i>
Activity I—Appropriate Study Topic	6	6	0	0	0	6	0	0	0
Activity II—Clearly Defined, Answerable Study Question	2	2	0	0	0	2	0	0	0
Activity III—Clearly Defined Study Indicator(s)	7	4	2	0	1	6	0	0	1
Activity IV—Correctly Identified Study Population	3	3	0	0	0	3	0	0	0
Activity V—Valid Sampling Techniques (if sampling was used)	6	6	0	0	0	0	0	0	6
Activity VI—Accurate/Complete Data Collection	11	5	1	0	5	6	0	0	5
Activity VII—Appropriate Improvement Strategies	4	3	0	0	1	3	0	0	1
Activity VIII—Sufficient Data Analysis and Interpretation	9	9	0	0	0	7	1	0	1
Activity IX—Real Improvement Achieved	4	3	1	0	0	3	1	0	0
Activity X—Sustained Improvement Achieved	1	Not Assessed				1	0	0	0
Totals for all Activities	53	41	4	0	7	37	2	0	14
Percentage Score of Evaluation Elements <i>Met</i>	91%					95%			
Percentage Score of Critical Elements <i>Met</i>	83%					100%			
Validation Status	<i>Partially Met</i>					<i>Met</i>			

In 2005–2006, **GLH** progressed through Activity IX with a validation status of *Partially Met*, an overall score of 91 percent and a score of 83 percent for critical elements. The results of the 2006–2007 validation reflected progress and improvement. Validation of Activities I through X resulted in a validation status of *Met* with an overall score of 95 percent and a score of 100 percent for critical elements. **GLH** showed improvement in elements that were not fully Met in Activities III and VI, demonstrating compliance with all applicable requirements of the CMS protocol for conducting PIPs for Activities I through VII, as well as Activity X. Opportunities for improvement for **GLH** were identified for Activity VIII, Sufficient Data Analysis and Interpretation, and Activity IX, Real Improvement Achieved. Based on the results of the 2006–2007 validation, there is high confidence that the PIP produced valid results.

Consumer Assessment of Healthcare Providers and Systems (CAHPS)

The detailed results for **GLH**'s composite CAHPS scores are shown in Table C-4. The table presents each of the CAHPS measures, the top-box percentages for 2006 and 2007, the three-point mean scores for 2006 and 2007, and the overall performance levels for 2007.

Table C-4—GLH Detailed Results for the CAHPS Child and Adult Composite Scores					
CAHPS Measures	Top-Box Percentage		Three-Point Mean Scores		Performance Level for 2007
	2006	2007	2006	2007	
Child [†]					
Getting Needed Care	77.0%	77.5%	2.67	2.69	★
Getting Care Quickly	54.4%	55.7%	2.30	2.34	★★
How Well Doctors Communicate	66.5%	65.9%	2.54	2.54	★
Courteous and Helpful Office Staff	70.6%	68.8%	2.60	2.57	★
Customer Service	70.3%	70.7%	2.62	2.60	★
Adult					
Getting Needed Care ^{††}	††	53.3%	††	2.31	††
Getting Care Quickly ^{††}	††	59.8%	††	2.47	††
How Well Doctors Communicate	57.3%	69.2%	2.38	2.55	★★★
Customer Service ^{††}	††	61.4%	††	2.43	††
Shared Decision Making	—	55.1%	—	2.46	—
Notes:					
The top-box percentage indicates the percentage of responses of “Always,” “Definitely Yes,” or “Not a Problem.”					
Performance levels are based on accreditation benchmarks and thresholds for the adult Medicaid population and the distribution of NCQA national survey results for the child Medicaid population.					
† Child results for 2006 reflect 2005 data due to the measure being rotated in 2006.					
†† Due to changes from the CAHPS Adult 3.0H to the Adult 4.0H survey, these composites are not comparable to the previous year’s results or national benchmarks.					
— The Shared Decision Making composite is a new measure for 2007.					
NA Composites that do not meet the minimum number of 100 responses are denoted as Not Applicable (NA).					
★ = Below-average performance (<25th percentile) relative to national Medicaid results.					
★★ = Average performance (≥25th to <75th percentile) relative to national Medicaid results.					
★★★ = Above-average performance (≥ 75th percentile) relative to national Medicaid results.					

GLH showed average performance on one of the five 2007 child CAHPS composite measures, *Getting Care Quickly*. The remaining four comparable measures showed below-average performance, indicating that several opportunities existed to improve member satisfaction. For the only comparable 2007 adult CAHPS composite measure, *How Well Doctors Communicate*, **GLH** showed above-average performance. A comparison of the 2007 three-point mean scores to the 2006 three-point mean scores revealed an increase on three of the six comparable measures for the child and adult populations combined.

GLH's 2007 performance level for the child survey composite scores showed below-average three-point mean scores from a national perspective for four of the five measures. Further, two of the five top-box percentages and two three-point mean scores decreased. Together, just two of the five

composite measures showed consistent improvement across both types of assessments shown in the table. Except for *Getting Care Quickly*, the child survey composite measures were, therefore, assessed as opportunities for improvement for **GLH**.

The only trendable adult composite measure was *How Well Doctors Communicate*. This measure was seen as a strength for **GLH**, with an improved top-box percentage and three-point mean score, as well as above-average scoring from a national perspective.

GLH's detailed scores for global ratings are presented in Table C-5. The table shows each of the four CAHPS global measures, the top-box percentages for 2006 and 2007, the three-point mean scores for 2006 and 2007, and the overall performance levels for 2007.

Table C-5—GLH Detailed Scores for CAHPS Child and Adult Global Ratings					
CAHPS Measures	Top-Box Percentage		Three-Point Mean Scores		Performance Level for 2007
	2006	2007	2006	2007	
Child†					
Rating of All Health Care	57.4%	61.9%	2.41	2.51	★
Rating of Personal Doctor	52.3%	57.5%	2.35	2.45	★
Rating of Specialist Seen Most Often	NA	56.1%	NA	2.40	★
Rating of Health Plan	50.3%	62.2%	2.31	2.51	★★
Adult					
Rating of All Health Care	65.9%	47.6%	2.52	2.28	★★
Rating of Personal Doctor	63.6%	59.1%	2.47	2.44	★★
Rating of Specialist Seen Most Often	75.7%	61.3%	2.60	2.48	★★
Rating of Health Plan	65.7%	55.2%	2.51	2.38	★★
Notes:					
The top-box percentage indicates the percentage of respondents rating 9 or 10 on a scale of 0 to 10.					
Performance levels are based on accreditation benchmarks and thresholds for the adult Medicaid population and the distribution of NCQA national survey results for the child Medicaid population.					
† Child results for 2006 reflect 2005 data due to the measure being rotated in 2006.					
NA Global ratings that do not meet the minimum number of 100 responses are denoted as Not Applicable (NA).					
★ = Below-average performance (<25th percentile) relative to national Medicaid results.					
★★ = Average performance (≥25th to <75th percentile) relative to national Medicaid results.					
★★★ = Above-average performance (≥ 75th percentile) relative to national Medicaid results.					

GLH's three-point mean scores and top-box percentages increased for all comparable child CAHPS global ratings from 2006 to 2007. However, three of the four global ratings showed below-average performance compared to NCQA national survey results. These areas of below-average performance could be targeted for quality improvement activities aimed at improving member satisfaction.

GLH showed average performance on all four adult CAHPS global ratings. A comparison of the 2007 three-point mean scores to the 2006 three-point mean scores revealed a decrease for all of the adult global ratings.

Assessment of Follow-up on Prior Recommendations

Annual Compliance Reviews

GLH successfully addressed two of the three recommendations for improvement from the 2005–2006 site visit. **GLH** submitted beneficiary newsletters for MDCH approval, as required, and improved its rates on several performance measures. **GLH** did not, however, resolve its noncompliance with requirements related to the timeliness of reports.

Performance Measures

Only three of **GLH**'s rates in 2006 had below-average performance (i.e., the rates fell below the national 25th percentile): *Appropriate Treatment for Children With URI*, *Appropriate Testing for Children With Pharyngitis*, and *Controlling High Blood Pressure*. These measures were identified as areas of much-needed performance improvement. However, no activities targeted toward these measures were identified as taking place in **GLH**'s Quality Improvement Program Evaluation.

Performance Improvement Projects (PIPs)

After the 2005–2006 validation, HSAG made three recommendations for **GLH**:

- ◆ HSAG recommended that a second indicator be developed to measure the total number of enrolled 3-year-old children in order to be compliant with MDCH requirements.
- ◆ The estimated degree of automated data completeness, along with the process used to determine this percentage, should be included.
- ◆ HSAG recommended that **GLH** provide an explanation as to why only 6 of the 16 interventions were continued in the second remeasurement.

GLH successfully addressed all recommendations for improvement from the 2005–2006 validation and received scores of *Met* on the four evaluation elements that were scored *Partially Met* in 2005–2006.

Recommendations and Summary Assessment Related to Quality, Timeliness, and Access

The current review of **GLH** showed both strengths and opportunities for improvement.

The annual compliance review assessed **GLH**'s performance on six standards, which addressed the **quality** and **timeliness** of, and **access** to, services provided by the MHP. **GLH** demonstrated strong performance across the three domains of **quality**, **timeliness**, and **access**. **GLH** achieved 100 percent compliance on all standards that addressed **access** to services: Providers, Members, Quality, and Fraud and Abuse. **GLH** also achieved 100 percent compliance on three of the four standards that addressed **quality** and **timeliness**: Administrative, Members, and Fraud and Abuse. The 2006–2007 annual compliance review resulted in one recommendation for **GLH** for the Management Information and Data Reporting standard, addressing the requirement for timely submission of reports.

For performance measure validation, average performance was seen for the **timeliness** and **access** domains. Only one measure in the **timeliness** domain, *Childhood Immunization Status—Combo 3*, performed above average. Performance for the **quality** domain, however, was mixed. Four of the measures in the **quality** domain performed above average: *Childhood Immunization Status—Combo 3*, *Well-Child Visits in the First 15 Months of Life—Zero Visits and Six or More Visits*, and *Adolescent Well-Care Visits*. However, four of the **quality** measures' rates were below average: *Appropriate Treatment for Children With URI*, *Use of Appropriate Medications for People With Asthma—5 to 9 Years*, *Use of Appropriate Medications for People With Asthma—10 to 17 Years*, and *Controlling High Blood Pressure—46 to 85 Years*. Due to the low levels of performance for these four measures, **GLH** should focus intervention efforts in order to improve the performance for these indicators. Intervention efforts for these measures could include sending practitioners educational materials and tools and providing patients with educational materials.

The EQR activities related to the validation of PIPs addressed the validity and reliability of the MHP's processes for conducting valid PIPs. Therefore, all PIPs were assigned to the **quality** domain. **GLH** demonstrated improved performance related to the quality of its PIP and a thorough understanding of the requirements for most activities of the CMS protocol for conducting PIPs. HSAG recommended that **GLH** perform statistical testing for each remeasurement period. **GLH** should address all elements that were scored *Partially Met* in its next annual submission.

In the CAHPS domain of **quality**, **GLH** had average or above-average performance on 7 of the 14 comparable measures. **GLH** demonstrated below-average performance in the **access** domain and average performance in the **timeliness** domain, based only on an evaluation of the child population. Measures that show below-average performance represent the largest opportunity for quality improvement. **GLH** had no measures for which both the child and adult Medicaid population had below-average performance. However, a majority of the child measures had below-average performance. The child population could be targeted for quality improvement activities aimed at improving member satisfaction.

Appendix D. Findings—Health Plan of Michigan, Inc.

Annual Compliance Review

According to 42 CFR 438.358, the State or its EQRO must conduct a review to determine the Medicaid managed care organizations' compliance with standards established by the State for access to care, structure and operations, and quality measurement and improvement. Table D-1 shows the results of the on-site reviews conducted by MDCH in 2005–2006 and 2006–2007: the number and percentage of criteria scored *No Findings* and the statewide average for each of the six standards.

Table D-1—Compliance Review Results for HPM							
Criteria Scored <i>No Findings</i>							
Standard		2005–2006			2006–2007		
		Number	Percentage	Statewide Average	Number	Percentage	Statewide Average
1	Administrative	3/3	100%	98%	3/3	100%	92%
2	Providers	11/11	100%	94%	11/11	100%	90%
3	Members	7/7	100%	90%	7/7	100%	87%
4	Quality	11/12	92%	94%	11/12	92%	92%
5	Management Information and Data Reporting	5/5	100%	75%	5/5	100%	71%
6	Fraud and Abuse	8/8	100%	95%	7/8	88%	92%
Overall		98%		92%	96%		89%

HPM demonstrated compliance with all contractual requirements related to the Administrative, Providers, and Management Information and Data Reporting standards for both review periods. For the 2006–2007 compliance review, **HPM** met all but two of the criteria assessed. On the Quality standard, **HPM** had one continuing recommendation related to meeting the minimum performance levels for all performance measures. On the Fraud and Abuse standard, **HPM** did not meet the contractual requirements related to providing contact information for reporting fraud and abuse. **HPM**'s performance was above the statewide average in both 2005–2006 and 2006–2007.

Performance Measures

As set forth in 42 CFR 438.358, the primary objectives of the performance measure validation process are to evaluate the accuracy of the performance measure data collected by the MHP and determine the extent to which the specific performance measures calculated by the MHP (or on behalf of the MHP) followed the specifications established for each performance measure. To meet the two primary objectives of the validation activity, a measure-specific review of all reported measures was performed, as well as a thorough information system evaluation to assess the ability of each MHP's support system to report accurate HEDIS measures. The results of this assessment are presented in Table D-2. The table shows each of the performance measures, the rates for each measure for 2006 and 2007, and the categorized performance for 2007 relative to national Medicaid results.

Table D-2—HPM Scores for Performance Measures				
Dimensions	Performance Measures	Rate for 2006	Rate for 2007	Performance Level for 2007
Pediatric Care	<i>Childhood Immunization—Combo 2</i>	78.0%	83.8%	★★★
	<i>Childhood Immunization—Combo 3</i>	38.9%	71.5%	★★★
	<i>Adolescent Immunization—Combo 2</i>	58.8%	70.6%	★★★
	<i>Well-Child 1st 15 Months—0 Visits*</i>	1.7%	0.9%	★★
	<i>Well-Child 1st 15 Months—6+ Visits</i>	68.4%	69.9%	★★★
	<i>Well-Child 3rd–6th Years of Life</i>	67.8%	65.3%	★★
	<i>Adolescent Well-Care Visits</i>	52.5%	55.1%	★★★
	<i>Appropriate Treatment of URI</i>	79.3%	78.4%	★★
	<i>Children With Pharyngitis</i>	50.9%	53.2%	★★
Women's Care	<i>Breast Cancer Screening—42 to 51 Years</i>	**	53.9%	†
	<i>Breast Cancer Screening—52 to 69 Years</i>	58.0%	64.4%	★★
	<i>Breast Cancer Screening—Combined</i>	**	58.7%	†
	<i>Cervical Cancer Screening</i>	66.8%	71.0%	★★
	<i>Chlamydia Screening—16 to 20 Years</i>	49.1%	50.3%	★★
	<i>Chlamydia Screening—21 to 25 Years</i>	54.7%	60.2%	★★
	<i>Chlamydia Screening—Combined</i>	51.7%	54.8%	★★
	<i>Timeliness of Prenatal Care</i>	82.9%	90.0%	★★
	<i>Postpartum Care</i>	56.8%	67.0%	★★

* Lower rates are better for this measure.

**Changes were made to these measures' specifications; therefore, the 2007 rates are not comparable to the previous year's rates or national benchmarks.

† National percentiles are not available for these measures.

★ = Below-average performance relative to national Medicaid results.

★★ = Average performance relative to national Medicaid results.

★★★ = Above-average performance relative to national Medicaid results.

Table D-2—HPM Scores for Performance Measures				
Dimensions	Performance Measures	Rate for 2006	Rate for 2007	Performance Level for 2007
Living With Illness	<i>Diabetes Care—HbA1c Testing</i>	78.7%	86.4%	★★
	<i>Diabetes Care—Poor HbA1c Control*</i>	39.2%	33.0%	★★
	<i>Diabetes Care—Eye Exam</i>	58.6%	67.0%	★★
	<i>Diabetes Care—LDL-C Screening</i>	**	82.5%	**
	<i>Diabetes Care—LDL-C Level <100</i>	**	35.2%	**
	<i>Diabetes Care—Nephropathy</i>	**	78.0%	**
	<i>Asthma—5 to 9 Years</i>	94.9%	98.2%	★★★
	<i>Asthma—10 to 17 Years</i>	93.5%	97.3%	★★★
	<i>Asthma—18 to 56 Years</i>	93.1%	94.5%	★★★
	<i>Asthma—Combined Rate</i>	93.6%	96.1%	★★★
	<i>Controlling High Blood Pressure—18 to 45 Years</i>	**	58.8%	†
	<i>Controlling High Blood Pressure—46 to 85 Years</i>	69.5%	52.3%	★
	<i>Controlling High Blood Pressure—Combined</i>	**	56.5%	†
	<i>Advising Smokers to Quit</i>	69.3%	75.4%	†
	<i>Discussing Smoking Cessation Strategies</i>	33.0%	40.0%	†
Access to Care	<i>Children's Access—12 to 24 Months</i>	95.4%	96.8%	★★
	<i>Children's Access—25 Months to 6 Years</i>	85.9%	87.6%	★★
	<i>Children's Access—7 to 11 Years</i>	84.3%	87.7%	★★
	<i>Adolescents' Access—12 to 19 Years</i>	84.3%	87.9%	★★
	<i>Adults' Access—20 to 44 Years</i>	82.9%	85.1%	★★
	<i>Adults' Access—45 to 64 Years</i>	88.7%	90.6%	★★★
<p>* Lower rates are better for this measure.</p> <p>**Changes were made to these measures' specifications; therefore, the 2007 rates are not comparable to the previous year's rates or national benchmarks.</p> <p>† National percentiles are not available for these measures.</p> <p>★ = Below-average performance relative to national Medicaid results.</p> <p>★★ = Average performance relative to national Medicaid results.</p> <p>★★★ = Above-average performance relative to national Medicaid results.</p>				

Table D-2 shows that **HPM**'s rates were above the national Medicaid HEDIS 2006 90th percentile rates for ten of the performance measures. Notably, all three of the immunization measures and all four of the appropriate asthma medications measures were among the high-performing measures. The additional measures were: *Well-Child Visits in the First 15 Months of Life—Six or More Visits*, *Adolescent Well-Care Visits*, and *Adults' Access to Preventive/Ambulatory Health Services—45 to 64 Years*. These measures represented relative areas of strength for **HPM**.

The table also shows that the rates for 19 of the performance measures were about average, falling between the national Medicaid HEDIS 2006 25th and 90th percentiles.

Only one of the rates, *Controlling High Blood Pressure—46 to 85 Years* was below the national Medicaid HEDIS 2006 25th percentile, indicating that performance measures were an area of relative strength for **HPM**.

From a quality improvement perspective, differences in rates need to be evaluated from year to year. For 2007, the rates improved or remained the same for 29 of the comparable performance measures over the previous year. The largest increase was 32.6 percentage points for *Childhood Immunization Status—Combo 3*.

The rates decreased for three of the performance measures over the previous year. These three rates were: *Appropriate Treatment for Children With URI*, *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*, and *Controlling High Blood Pressure—46 to 85 Years*.

Validation of Performance Improvement Projects (PIPs)

Table D-3 presents the scoring for each of the activities in the CMS PIP Protocol. The table shows the number of elements within each activity and, of those, the number that were scored as *Met*, *Partially Met*, *Not Met*, or *NA*; the total percentage scores for evaluation and critical elements *Met*; and the validation status for the PIP.

Table D-3—PIP Two-Year Activity Scores for HPM									
Activity	Number of Elements	2005–2006 Validation				2006–2007 Validation			
		<i>Met</i>	<i>Part. Met</i>	<i>Not Met</i>	<i>NA</i>	<i>Met</i>	<i>Part. Met</i>	<i>Not Met</i>	<i>NA</i>
Activity I—Appropriate Study Topic	6	6	0	0	0	6	0	0	0
Activity II—Clearly Defined, Answerable Study Question	2	2	0	0	0	2	0	0	0
Activity III—Clearly Defined Study Indicator(s)	7	6	0	0	1	6	0	0	1
Activity IV—Correctly Identified Study Population	3	3	0	0	0	3	0	0	0
Activity V—Valid Sampling Techniques (if sampling was used)	6	6	0	0	0	0	0	0	6
Activity VI—Accurate/Complete Data Collection	11	6	0	0	5	6	0	0	5
Activity VII—Appropriate Improvement Strategies	4	4	0	0	0	3	0	0	1
Activity VIII—Sufficient Data Analysis and Interpretation	9	8	0	0	1	8	0	0	1
Activity IX—Real Improvement Achieved	4	4	0	0	0	4	0	0	0
Activity X—Sustained Improvement Achieved	1	1	0	0	0	1	0	0	0
Totals for all Activities	53	46	0	0	7	39	0	0	14
Percentage Score of Evaluation Elements <i>Met</i>	100%					100%			
Percentage Score of Critical Elements <i>Met</i>	100%					100%			
Validation Status	<i>Met</i>					<i>Met</i>			

Validation of Activities I through X resulted in a validation status of *Met* with an overall score of 100 percent and a score of 100 percent for critical elements for both the 2005–2006 and the 2006–2007 validation. **HPM** demonstrated compliance with all applicable requirements of the CMS protocol for conducting PIPs. There were no opportunities for improvement identified for **HPM**. Based on the results of the 2006–2007 validation, there was high confidence that the PIP produced valid results.

Consumer Assessment of Healthcare Providers and Systems (CAHPS)

The detailed results for **HPM**'s composite CAHPS scores are shown in Table D-4. The table presents each of the CAHPS measures, the top-box percentages for 2006 and 2007, the three-point mean scores for 2006 and 2007, and the overall performance levels for 2007.

Table D-4—HPM Detailed Results for the CAHPS Child and Adult Composite Scores					
CAHPS Measures	Top-Box Percentage		Three-Point Mean Scores		Performance Level for 2007
	2006	2007	2006	2007	
Child [†]					
Getting Needed Care	79.0%	79.0%	2.72	2.71	★★
Getting Care Quickly	51.2%	54.0%	2.30	2.35	★★
How Well Doctors Communicate	63.8%	68.0%	2.51	2.58	★
Courteous and Helpful Office Staff	67.7%	71.9%	2.58	2.63	★★
Customer Service	68.2%	75.3%	2.56	2.71	★★★
Adult					
Getting Needed Care ^{††}	††	52.3%	††	2.33	††
Getting Care Quickly ^{††}	††	57.8%	††	2.43	††
How Well Doctors Communicate	56.7%	65.6%	2.39	2.52	★★★
Customer Service ^{††}	††	51.9%	††	2.30	††
Shared Decision Making	—	60.5%	—	2.50	—
Notes:					
The top-box percentage indicates the percentage of responses of “Always,” “Definitely Yes,” or “Not a Problem.”					
Performance levels are based on accreditation benchmarks and thresholds for the adult Medicaid population and the distribution of NCQA national survey results for the child Medicaid population.					
† Child results for 2006 reflect 2005 data due to the measure being rotated in 2006.					
†† Due to changes from the CAHPS Adult 3.0H to the Adult 4.0H survey, these composites are not comparable to the previous year’s results or national benchmarks.					
— The Shared Decision Making composite is a new measure for 2007.					
NA Composites that do not meet the minimum number of 100 responses are denoted as Not Applicable (NA).					
★ = Below-average performance (<25th percentile) relative to national Medicaid results.					
★★ = Average performance (≥25th to <75th percentile) relative to national Medicaid results.					
★★★ = Above-average performance (≥ 75th percentile) relative to national Medicaid results.					

HPM showed average or above-average performance on four of the five 2007 child CAHPS composite measures. The *How Well Doctors Communicate* composite measure, on the other hand, showed below-average performance, indicating that an opportunity still exists to improve member satisfaction. For the only comparable 2007 adult CAHPS composite measure, *How Well Doctors Communicate*, **HPM** showed above-average performance. A comparison of the 2007 three-point mean scores to the 2006 three-point mean scores revealed an increase for five of the six comparable measures for the child and adult populations combined.

HPM's 2007 performance level for the child survey composite scores showed generally improving but about average three-point mean scores from a national perspective. *How Well Doctors*

Communicate was assessed as a targeted opportunity for improvement on the child survey. This measure showed below-average results nationally, even though it showed moderate improvement between MY 2006 and MY 2007. *Customer Service* was assessed as an area of strength for the MHP due to its somewhat large amount of improvement and scoring above average from a national perspective.

The only trendable adult composite measure was *How Well Doctors Communicate*. This measure was seen as a strength for **HPM**, with a moderately large improvement in both the top-box percentage and the three-point mean score, as well as scoring above average from a national perspective.

HPM's detailed scores for global ratings are presented in Table D-5. The table shows each of the four CAHPS global measures, the top-box percentages for 2006 and 2007, the three-point mean scores for 2006 and 2007, and the overall performance levels for 2007.

Table D-5—HPM Detailed Scores for CAHPS Child and Adult Global Ratings					
CAHPS Measures	Top-Box Percentage		Three-Point Mean Scores		Performance Level for 2007
	2006	2007	2006	2007	
Child [†]					
Rating of All Health Care	57.5%	60.2%	2.43	2.49	★
Rating of Personal Doctor	56.5%	57.3%	2.42	2.45	★
Rating of Specialist Seen Most Often	NA	63.3%	NA	2.51	★★
Rating of Health Plan	52.5%	59.7%	2.36	2.48	★★
Adult					
Rating of All Health Care	45.5%	47.1%	2.23	2.24	★
Rating of Personal Doctor	55.3%	59.5%	2.39	2.42	★★
Rating of Specialist Seen Most Often	54.3%	62.7%	2.33	2.48	★★
Rating of Health Plan	47.2%	54.0%	2.25	2.38	★★
Notes:					
The top-box percentage indicates the percentage of respondents rating 9 or 10 on a scale of 0 to 10.					
Performance levels are based on accreditation benchmarks and thresholds for the adult Medicaid population and the distribution of NCQA national survey results for the child Medicaid population.					
† Child results for 2006 reflect 2005 data due to the measure being rotated in 2006.					
NA Global ratings that do not meet the minimum number of 100 responses are denoted as Not Applicable (NA).					
★ = Below-average performance (<25th percentile) relative to national Medicaid results.					
★★ = Average performance (≥25th to <75th percentile) relative to national Medicaid results.					
★★★ = Above-average performance (≥ 75th percentile) relative to national Medicaid results.					

HPM's three-point mean scores and top-box percentages increased for all comparable child CAHPS global ratings from 2006 to 2007. However, two of the global ratings showed below-average performance when compared to NCQA national survey results. These areas of below-average performance could be targeted for quality improvement activities aimed at improving member satisfaction.

HPM showed average performance on three of the four adult CAHPS global ratings: *Rating of Personal Doctor*, *Rating of Specialist Seen Most Often*, and *Rating of Health Plan*. Below-average performance on *Rating of All Health Care* indicated that an opportunity still exists to improve member satisfaction. A comparison of the 2007 three-point mean scores to the 2006 three-point mean scores revealed an increase for all the adult global ratings.

Assessment of Follow-up on Prior Recommendations

Annual Compliance Reviews

HPM partially addressed the recommendation for improvement from the 2005–2006 site visit. **HPM** improved its rates on several measures, but did not meet all minimum performance levels for the performance measures. **HPM** conducted a focus study on the postpartum care measure to delineate the corrective actions proposed to increase the postpartum care rate.

Performance Measures

Since **HPM** did not perform below the 25th percentile on any of the measures in 2006, areas for improvement should be focused on those measures that fell below the 50th percentile. Based on **HPM**'s performance on the 2006 HEDIS measures compared to the national 50th percentile, **HPM** needed to implement interventions in order to improve the following measures: *Postpartum Care*, *Appropriate Treatment for Children With URI*, and *Appropriate Testing for Children With Pharyngitis*. Interventions included an incentive program, automatic notification to staff after each delivery, and implementation of clinical practice guidelines.

Performance Improvement Projects (PIPs)

No recommendations were made for **HPM** because all applicable evaluation and critical elements were scored as *Met* in 2005–2006.

Recommendations and Summary Assessment Related to Quality, Timeliness, and Access

The current review of **HPM** showed both strengths and opportunities for improvement.

The annual compliance review assessed **HPM**'s performance on six standards, which addressed the **quality** and **timeliness** of, and **access** to, services provided by the MHP. **HPM** demonstrated strong performance across the three domains of **quality**, **timeliness**, and **access**. **HPM** achieved 100 percent compliance on three of the four standards that addressed **timeliness** of services: Providers, Members, and Management Information and Data Reporting. **HPM** did not meet all requirements for the Quality standard, which addressed **quality** and **access**, or Fraud and Abuse, which addressed **quality**, **timeliness**, and **access**. **HPM** should increase its rates on some of the performance measures to meet all minimum performance levels and provide to its employees the plan's toll-free telephone number to report fraud and abuse.

For performance measure validation, **HPM** had above-average performance for most of the measures in the **timeliness** domain. Three out of the five measures' rates exceeded the national 90th percentile (*Childhood Immunization Status—Combo 2*, *Childhood Immunization Status—Combo 3*, and *Adolescent Immunization Status—Combo 2*). The **quality** domain's performance was also high. Ten of the measures had rates above the 90th percentile and only one of the measures, *Controlling High Blood Pressure—46 to 85 Years*, fell below the 25th percentile. For the **access** domain, performance was average. Only one of the measures, *Adults' Access to Preventive/Ambulatory Health Services*, was above average. Based on **HPM**'s performance on the *Controlling High Blood Pressure—46 to 85 Years* measure, it is recommended that **HPM**'s interventions target members with hypertension in order to assure that they are getting the appropriate care to control their blood pressure. **HPM** could consider using claims, encounter, and pharmacy data to identify those members who are at risk in order to better target interventions.

The EQR activities related to the validation of PIPs addressed the validity and reliability of the MHP's processes for conducting valid PIPs. Therefore, all PIPs were assigned to the **quality** domain. **HPM** demonstrated strong performance related to the quality of its PIP and a thorough understanding of the requirements of the CMS protocol for conducting PIPs.

In the CAHPS domain of quality, **HPM** had average or above-average performance on 10 of the 14 comparable measures. **HPM** demonstrated average performance across both the access and timeliness domains, based only on an evaluation of the child population. Measures that showed below-average performance represented the largest opportunity for quality improvement. For both the adult and child populations, the largest opportunity for improvement was *Rating of All Health Care*. In order to improve the overall *Rating of All Health Care* measure, quality improvement activities could target member satisfaction with physicians, member perception of access to care, experience with care, and experience with the health plan.

Annual Compliance Review

According to 42 CFR 438.358, the State or its EQRO must conduct a review to determine the Medicaid managed care organizations' compliance with standards established by the State for access to care, structure and operations, and quality measurement and improvement. Table E-1 shows the results of the on-site reviews conducted by MDCH in 2005–2006 and 2006–2007: the number and percentage of criteria scored *No Findings* and the statewide average for each of the six standards.

Table E-1—Compliance Review Results for HPP							
Criteria Scored <i>No Findings</i>							
Standard		2005–2006			2006–2007		
		Number	Percentage	Statewide Average	Number	Percentage	Statewide Average
1	Administrative	3/3	100%	98%	3/3	100%	92%
2	Providers	10/11	91%	94%	9/11	82%	90%
3	Members	7/7	100%	90%	7/7	100%	87%
4	Quality	12/12	100%	94%	12/12	100%	92%
5	Management Information and Data Reporting	4/5	80%	75%	4/5	80%	71%
6	Fraud and Abuse	7/8	88%	95%	8/8	100%	92%
Overall		93%		92%	93%		89%

HPP demonstrated compliance with all contractual requirements related to the Administrative, Members, and Quality standards for both review periods. **HPP** increased its compliance on the Fraud and Abuse standard to achieve a 100 percent score in this area. For the 2006–2007 compliance review, **HPP** met all but three of the criteria assessed. On the Providers standard, the review identified the need for corrective actions related to the availability of clinical staff after business hours and the sufficiency of the provider network. **HPP** also did not meet the requirement for the claims payment process on the Management Information and Data Reporting standard. **HPP's** performance exceeded the statewide averages for most standards as well as overall in both 2005–2006 and 2006–2007.

Performance Measures

As set forth in 42 CFR 438.358, the primary objectives of the performance measure validation process are to evaluate the accuracy of the performance measure data collected by the MHP and determine the extent to which the specific performance measures calculated by the MHP (or on behalf of the MHP) followed the specifications established for each performance measure. To meet the two primary objectives of the validation activity, a measure-specific review of all reported measures was performed, as well as a thorough information system evaluation to assess the ability of each MHP's support system to report accurate HEDIS measures. The results of this assessment are presented in Table E-2. The table shows each of the performance measures, the rates for each measure for 2006 and 2007, and the categorized performance for 2007 relative to national Medicaid results.

Table E-2—HPP Scores for Performance Measures				
Dimensions	Performance Measures	Rate for 2006	Rate for 2007	Performance Level for 2007
Pediatric Care	<i>Childhood Immunization—Combo 2</i>	83.9%	85.2%	★ ★ ★
	<i>Childhood Immunization—Combo 3</i>	44.8%	71.5%	★ ★ ★
	<i>Adolescent Immunization—Combo 2</i>	70.3%	79.0%	★ ★ ★
	<i>Well-Child 1st 15 Months—0 Visits*</i>	2.2%	2.3%	★ ★
	<i>Well-Child 1st 15 Months—6+ Visits</i>	60.1%	61.8%	★ ★
	<i>Well-Child 3rd–6th Years of Life</i>	58.5%	64.8%	★ ★
	<i>Adolescent Well-Care Visits</i>	43.8%	48.4%	★ ★
	<i>Appropriate Treatment of URI</i>	71.4%	72.1%	★
	<i>Children With Pharyngitis</i>	36.2%	40.9%	★
Women's Care	<i>Breast Cancer Screening—42 to 51 Years</i>	**	54.3%	†
	<i>Breast Cancer Screening—52 to 69 Years</i>	61.8%	62.5%	★ ★
	<i>Breast Cancer Screening—Combined</i>	**	58.0%	†
	<i>Cervical Cancer Screening</i>	70.4%	77.1%	★ ★ ★
	<i>Chlamydia Screening—16 to 20 Years</i>	50.5%	52.7%	★ ★
	<i>Chlamydia Screening—21 to 25 Years</i>	57.9%	61.2%	★ ★
	<i>Chlamydia Screening—Combined</i>	54.1%	56.6%	★ ★
	<i>Timeliness of Prenatal Care</i>	87.4%	91.8%	★ ★ ★
	<i>Postpartum Care</i>	62.0%	66.1%	★ ★
<p>* Lower rates are better for this measure.</p> <p>**Changes were made to these measures' specifications; therefore, the 2007 rates are not comparable to the previous year's rates or national benchmarks.</p> <p>† National percentiles are not available for these measures.</p> <p>★ = Below-average performance relative to national Medicaid results.</p> <p>★ ★ = Average performance relative to national Medicaid results.</p> <p>★ ★ ★ = Above-average performance relative to national Medicaid results.</p>				

Table E-2—HPP Scores for Performance Measures				
Dimensions	Performance Measures	Rate for 2006	Rate for 2007	Performance Level for 2007
Living With Illness	<i>Diabetes Care—HbA1c Testing</i>	86.1%	86.6%	★★
	<i>Diabetes Care—Poor HbA1c Control*</i>	29.7%	32.8%	★★
	<i>Diabetes Care—Eye Exam</i>	70.3%	74.0%	★★★
	<i>Diabetes Care—LDL-C Screening</i>	**	75.4%	**
	<i>Diabetes Care—LDL-C Level <100</i>	**	36.5%	**
	<i>Diabetes Care—Nephropathy</i>	**	85.4%	**
	<i>Asthma—5 to 9 Years</i>	93.8%	93.8%	★★
	<i>Asthma—10 to 17 Years</i>	92.3%	91.7%	★★
	<i>Asthma—18 to 56 Years</i>	89.1%	88.6%	★★
	<i>Asthma—Combined Rate</i>	91.2%	90.9%	★★
	<i>Controlling High Blood Pressure—18 to 45 Years</i>	†	52.7%	†
	<i>Controlling High Blood Pressure—46 to 85 Years</i>	65.8%	57.7%	★★
	<i>Controlling High Blood Pressure—Combined</i>	†	56.0%	†
	<i>Advising Smokers to Quit</i>	69.2%	70.9%	†
	<i>Discussing Smoking Cessation Strategies</i>	32.8%	33.1%	†
Access to Care	<i>Children's Access—12 to 24 Months</i>	96.0%	95.3%	★★
	<i>Children's Access—25 Months to 6 Years</i>	83.5%	84.2%	★★
	<i>Children's Access—7 to 11 Years</i>	82.0%	84.5%	★★
	<i>Adolescents' Access—12 to 19 Years</i>	79.4%	82.2%	★★
	<i>Adults' Access—20 to 44 Years</i>	83.7%	84.0%	★★
	<i>Adults' Access—45 to 64 Years</i>	91.3%	90.0%	★★★
<p>* Lower rates are better for this measure.</p> <p>**Changes were made to these measures' specifications; therefore, the 2007 rates are not comparable to the previous year's rates or national benchmarks.</p> <p>† National percentiles are not available for these measures.</p> <p>★ = Below-average performance relative to national Medicaid results.</p> <p>★★ = Average performance relative to national Medicaid results.</p> <p>★★★ = Above-average performance relative to national Medicaid results.</p>				

Table E-2 shows that **HPP**'s rates were above the national Medicaid HEDIS 2006 90th percentile rates for seven of the performance measures with national frames of reference. Notably, all three of the immunization measures were among the higher-performing measures, as well as *Cervical Cancer Screening*, *Comprehensive Diabetes Care—Eye Exam*, *Timeliness of Prenatal Care*, and *Adults' Access to Preventive/Ambulatory Health Services—45 to 64 Years*. These measures represented relative areas of strength for **HPP**.

The table also shows that the rates for 21 of the performance measures were about average, falling between the national Medicaid HEDIS 2006 25th and 90th percentiles.

Two of the rates were below the national Medicaid HEDIS 2006 25th percentile, *Appropriate Treatment for Children With URI* and *Appropriate Testing for Children With Pharyngitis*. The findings suggested that these performance measures are opportunities for improvement for **HPP**.

From a quality improvement perspective, differences in rates need to be evaluated from year to year. For 2007, the rates improved or remained the same for 24 of the 32 (75.0 percent) comparable performance measures over the previous year. The largest increase was 26.7 percentage points for *Childhood Immunization Status—Combo 3*.

The rates decreased for eight (25.0 percent) of the performance measures over the previous year. Five of these measures were in the Living With Illness dimension.

Validation of Performance Improvement Projects (PIPs)

Table E-3 presents the scoring for each of the activities in the CMS PIP Protocol. The table shows the number of elements within each activity and, of those, the number that were scored as *Met*, *Partially Met*, *Not Met*, or *NA*; the total percentage scores for evaluation and critical elements *Met*; and the validation status for the PIP.

Table E-3—PIP Two-Year Activity Scores for HPP									
Activity	Number of Elements	2005–2006 Validation				2006–2007 Validation			
		Met	Part. Met	Not Met	NA	Met	Part. Met	Not Met	NA
Activity I—Appropriate Study Topic	6	6	0	0	0	6	0	0	0
Activity II—Clearly Defined, Answerable Study Question	2	2	0	0	0	2	0	0	0
Activity III—Clearly Defined Study Indicator(s)	7	6	0	0	1	6	0	0	1
Activity IV—Correctly Identified Study Population	3	3	0	0	0	3	0	0	0
Activity V—Valid Sampling Techniques (if sampling was used)	6	6	0	0	0	0	0	0	6
Activity VI—Accurate/Complete Data Collection	11	6	0	0	5	6	0	0	5
Activity VII—Appropriate Improvement Strategies	4	4	0	0	0	3	0	0	1
Activity VIII—Sufficient Data Analysis and Interpretation	9	7	0	1	1	6	2	0	1
Activity IX—Real Improvement Achieved	4	4	0	0	0	4	0	0	0
Activity X—Sustained Improvement Achieved	1	1	0	0	0	1	0	0	0
Totals for all Activities	53	45	0	1	7	37	2	0	14
Percentage Score of Evaluation Elements Met		98%				95%			
Percentage Score of Critical Elements Met		100%				100%			
Validation Status		Met				Met			

In 2005–2006, **HPP** progressed through Activity X with a validation status of *Met*, an overall score of 98 percent, and a score of 100 percent for critical elements. The 2006–2007 validation of Activities I through X resulted in a validation status of *Met* with an overall score of 95 percent and a score of 100 percent for critical elements. **HPP** demonstrated compliance with all applicable requirements of the CMS protocol for conducting PIPs for Activities I through VII, as well as Activities IX and X. In the 2006–2007 validation, two opportunities for improvement for **HPP** were identified for Activity VIII, Sufficient Data Analysis and Interpretation. Based on the results of the 2006–2007 validation, there was high confidence that the PIP produced valid results.

Consumer Assessment of Healthcare Providers and Systems (CAHPS)

The detailed results for **HPP**'s composite CAHPS scores are shown in Table E-4. The table presents each of the CAHPS measures, the top-box percentages for 2006 and 2007, the three-point mean scores for 2006 and 2007, and the overall performance levels for 2007.

Table E-4—HPP Detailed Results for the CAHPS Child and Adult Composite Scores					
CAHPS Measures	Top-Box Percentage		Three-Point Mean Scores		Performance Level for 2007
	2006	2007	2006	2007	
Child [†]					
Getting Needed Care	80.2%	81.5%	2.73	2.75	★★
Getting Care Quickly	56.8%	58.1%	2.38	2.39	★★
How Well Doctors Communicate	65.5%	68.2%	2.55	2.57	★
Courteous and Helpful Office Staff	73.9%	75.9%	2.65	2.69	★★
Customer Service	NA	NA	NA	NA	NA
Adult					
Getting Needed Care ^{††}	††	55.1%	††	2.35	††
Getting Care Quickly ^{††}	††	59.6%	††	2.41	††
How Well Doctors Communicate	59.8%	65.4%	2.46	2.50	★★
Customer Service ^{††}	††	NA	††	NA	††
Shared Decision Making	—	63.9%	—	2.56	—
Notes:					
The top-box percentage indicates the percentage of responses of “Always,” “Definitely Yes,” or “Not a Problem.”					
Performance levels are based on accreditation benchmarks and thresholds for the adult Medicaid population and the distribution of NCQA national survey results for the child Medicaid population.					
† Child results for 2006 reflect 2005 data due to the measure being rotated in 2006.					
†† Due to changes from the CAHPS Adult 3.0H to the Adult 4.0H survey, these composites are not comparable to the previous year’s results or national benchmarks.					
— The Shared Decision Making composite is a new measure for 2007.					
NA Composites that do not meet the minimum number of 100 responses are denoted as Not Applicable (NA).					
★ = Below-average performance (<25th percentile) relative to national Medicaid results.					
★★ = Average performance (≥25th to <75th percentile) relative to national Medicaid results.					
★★★ = Above-average performance (≥ 75th percentile) relative to national Medicaid results.					

HPP showed average performance on three of the four comparable 2007 child CAHPS composite measures. *How Well Doctors Communicate* showed below-average performance, indicating an opportunity to improve member satisfaction. For the only comparable 2007 adult CAHPS composite measure, *How Well Doctors Communicate*, **HPP** showed average performance. A comparison of the 2007 three-point mean scores to the 2006 three-point mean scores revealed an increase on all comparable measures across the child and adult populations.

HPP's 2007 performance level for the child survey composite scores showed consistently improving but about average three-point mean scores from a national perspective. *How Well Doctors Communicate* was assessed as a targeted opportunity for improvement on the child survey.

This measure showed below-average results nationally, even though it showed slight improvement between MY 2006 and MY 2007.

The only trendable adult composite measure was *How Well Doctors Communicate*. This measure was seen neither as a strength nor as an opportunity for improvement for **HPP**, with about average national performance, although a moderate amount of improvement was seen between MY 2006 and MY 2007.

HPP's detailed scores for global ratings are presented in Table E-5. The table shows each of the four CAHPS global measures, the top-box percentages for 2006 and 2007, the three-point mean scores for 2006 and 2007, and the overall performance levels for 2007.

Table E-5—HPP Detailed Scores for CAHPS Child and Adult Global Ratings					
CAHPS Measures	Top-Box Percentage		Three-Point Mean Scores		Performance Level for 2007
	2006	2007	2006	2007	
Child [†]					
Rating of All Health Care	63.4%	63.6%	2.50	2.51	★
Rating of Personal Doctor	61.9%	58.4%	2.50	2.45	★
Rating of Specialist Seen Most Often	62.4%	NA	2.52	NA	NA
Rating of Health Plan	59.6%	62.9%	2.48	2.52	★★
Adult					
Rating of All Health Care	52.7%	45.2%	2.38	2.21	★
Rating of Personal Doctor	56.3%	58.3%	2.37	2.37	★★
Rating of Specialist Seen Most Often	62.4%	64.6%	2.50	2.50	★★★
Rating of Health Plan	51.6%	54.8%	2.36	2.37	★★
Notes:					
The top-box percentage indicates the percentage of respondents rating 9 or 10 on a scale of 0 to 10.					
Performance levels are based on accreditation benchmarks and thresholds for the adult Medicaid population and the distribution of NCQA national survey results for the child Medicaid population.					
† Child results for 2006 reflect 2005 data due to the measure being rotated in 2006.					
NA Global ratings that do not meet the minimum number of 100 responses are denoted as Not Applicable (NA).					
★ = Below-average performance (<25th percentile) relative to national Medicaid results.					
★★ = Average performance (≥25th to <75th percentile) relative to national Medicaid results.					
★★★ = Above-average performance (≥ 75th percentile) relative to national Medicaid results.					

HPP's three-point mean scores and top-box percentages increased for two of the three comparable child CAHPS global ratings from 2006 to 2007. However, two of the comparable global ratings showed below-average performance when compared to NCQA national survey results. These areas of below-average performance could be targeted for quality improvement activities aimed at improving member satisfaction.

HPP showed average or above-average performance on three of the four adult CAHPS global ratings: *Rating of Personal Doctor*, *Rating of Specialist Seen Most Often*, and *Rating of Health Plan*. Below-average performance for *Rating of All Health Care* indicated that an opportunity still exists to improve member satisfaction. A comparison of the 2007 three-point mean scores to the 2006 three-point mean scores revealed an increase for one of the four adult global ratings.

Assessment of Follow-up on Prior Recommendations

Annual Compliance Reviews

HPP successfully addressed two of the three recommendations for improvement from the 2005–2006 site visit. **HPP** improved its coordination of care between behavioral health and physical health providers and demonstrated that the plan’s use of data sources to detect provider fraud and abuse met the contractual requirements. **HPP**, however, did not resolve its noncompliance with requirements related to the timeliness of claims processing.

Performance Measures

HPP’s 2006 performance measure rates for *Appropriate Treatment for Children With URI* and *Appropriate Testing for Children With Pharyngitis* were below the national 25th percentile and represented areas for improvement. Improvement efforts that were implemented for these measures included sending practitioners detail reports that included educational tools and posters for office staff use, also for use in urgent care centers, and mailings of educational materials to parents of young children.

Performance Improvement Projects (PIPs)

Following the 2005–2006 validation, HSAG recommended that **HPP** assess internal and external factors that could impact the results of the study and include a discussion of these factors in its PIP text. The 2006–2007 validation showed progress toward meeting this requirement of the CMS protocol, resulting in an improvement of the 2005–2006 score of *Not Met* to a 2006–2007 score of *Partially Met*. **HPP** should address this area in the next annual submission of the PIP.

Recommendations and Summary Assessment Related to Quality, Timeliness, and Access

The current review of **HPP** showed both strengths and opportunities for improvement.

The annual compliance review assessed **HPP**'s performance on six standards, which addressed the **quality** and **timeliness** of, and **access** to, services provided by the MHP. In the compliance review, **HPP** demonstrated strong performance across the three domains of **quality**, **timeliness**, and **access**. **HPP** achieved 100 percent compliance on three of the four standards that addressed **access** to services: Members, Quality, and Fraud and Abuse. **HPP** also met all requirements for the Quality standard, which addressed **quality** and **access**, and the Administrative standard, which addressed **quality**. In the area of Providers, which addressed the domains of **quality**, **timeliness**, and **access**, **HPP** should make clinical staff available to members after business hours and increase the number of available PCPs in parts of the service area. On the Management Information and Data Reporting standard, related to **quality** and **timeliness** of services, **HPP** should implement corrective action to ensure compliance with requirements related to timely claims payments.

For performance measure validation, **HPP** showed above-average performance across the **quality**, **access**, and **timeliness** domains. Seven of the quality measures had rates that exceeded the national Medicaid 90th percentile: *Childhood Immunization Status—Combo 2*, *Childhood Immunization Status—Combo 3*, *Adolescent Immunization Status—Combo 2*, *Cervical Cancer Screening*, *Timeliness of Prenatal Care*, *Comprehensive Diabetes Care—Eye Exam*, and *Adults' Access to Preventive/Ambulatory Health Services*. Two of the measures in the **quality** domain did, however, fall below average: *Appropriate Treatment for Children With URI* and *Appropriate Testing for Children With Pharyngitis*. All of the **timeliness** measures, except *Postpartum Care*, had above-average performance, and two of the measures in the **access** domain also had performance that exceeded the average: *Timeliness of Prenatal Care* and *Adults' Access to Preventive/Ambulatory Health Services*.

HPP continued to show low performance for the *Appropriate Treatment for Children With URI* and *Appropriate Testing for Children With Pharyngitis* measures. Although **HPP** implemented improvement efforts this past year that targeted these measures, **HPP** should look into additional strategies that might better target its population. Potential strategies might include providing physician incentives that perform well on these measures and implementing clinical practice guidelines.

The EQR activities related to the validation of PIPs addressed the validity and reliability of the MHP's processes for conducting valid PIPs. Therefore, all PIPs were assigned to the **quality** domain. **HPP** demonstrated strong performance related to the quality of its PIP and a thorough understanding of the requirements for almost all activities of the CMS protocol for conducting PIPs. HSAG recommended that **HPP** assess internal and external factors that could impact the results of the PIP and include a discussion of these factors. **HPP** should address all elements that were scored *Partially Met* in its next annual submission.

In the CAHPS domain of **quality**, **HPP** had average or above-average performance on 8 of the 12 comparable measures. **HPP** demonstrated average performance across both **access** and **timeliness**

domains, based only on an evaluation of the child population. Measures that show below-average performance represent the largest opportunity for quality improvement. For both the adult and child populations, the largest opportunity for improvement was for *Rating of All Health Care*. In order to improve the overall *Rating of All Health Care* measure, quality improvement activities could potentially target member satisfaction with physicians, member perception of access to care, experience with care, and experience with the health plan.

Annual Compliance Review

According to 42 CFR 438.358, the State or its EQRO must conduct a review to determine the Medicaid managed care organizations' compliance with standards established by the State for access to care, structure and operations, and quality measurement and improvement. Table F-1 shows the results of the on-site reviews conducted by MDCH in 2005–2006 and 2006–2007: the number and percentage of criteria scored *No Findings* and the statewide average for each of the six standards.

Table F-1—Compliance Review Results for MCD							
Criteria Scored <i>No Findings</i>							
Standard		2005–2006			2006–2007		
		Number	Percentage	Statewide Average	Number	Percentage	Statewide Average
1	Administrative	3/3	100%	98%	3/3	100%	92%
2	Providers	11/11	100%	94%	10/11	91%	90%
3	Members	7/7	100%	90%	7/7	100%	87%
4	Quality	12/12	100%	94%	11/12	92%	92%
5	Management Information and Data Reporting	2/5	40%	75%	4/5	80%	71%
6	Fraud and Abuse	8/8	100%	95%	8/8	100%	92%
Overall		93%		92%	93%		89%

MCD demonstrated compliance with all contractual requirements related to the Administrative, Members, and Fraud and Abuse standards for both review periods. While **MCD** also met all requirements on the Providers and Quality standards in 2005–2006, the 2006–2007 annual review resulted in one recommendation for each of these areas. **MCD** improved its performance on the Management Information and Data Reporting standard from three to one criterion where corrective action was needed. **MCD**'s performance was above the statewide average in both 2005–2006 and 2006–2007.

Performance Measures

As set forth in 42 CFR 438.358, the primary objectives of the performance measure validation process are to evaluate the accuracy of the performance measure data collected by the MHP and determine the extent to which the specific performance measures calculated by the MHP (or on behalf of the MHP) followed the specifications established for each performance measure. To meet the two primary objectives of the validation activity, a measure-specific review of all reported measures was performed, as well as a thorough information system evaluation to assess the ability of each MHP's support system to report accurate HEDIS measures. The results of this assessment are presented in Table F-2. The table shows each of the performance measures, the rates for each measure for 2006 and 2007, and the categorized performance for 2007 relative to national Medicaid results.

Table F-2—MCD Scores for Performance Measures				
Dimensions	Performance Measures	Rate for 2006	Rate for 2007	Performance Level for 2007
Pediatric Care	<i>Childhood Immunization—Combo 2</i>	81.0%	81.0%	★★
	<i>Childhood Immunization—Combo 3</i>	56.7%	56.7%	★★
	<i>Adolescent Immunization—Combo 2</i>	68.5%	68.5%	★★
	<i>Well-Child 1st 15 Months—0 Visits*</i>	0.5%	0.5%	★★
	<i>Well-Child 1st 15 Months—6+ Visits</i>	64.4%	64.4%	★★
	<i>Well-Child 3rd–6th Years of Life</i>	67.4%	67.4%	★★
	<i>Adolescent Well-Care Visits</i>	51.4%	51.4%	★★
	<i>Appropriate Treatment of URI</i>	90.3%	90.5%	★★
	<i>Children With Pharyngitis</i>	58.8%	80.8%	★★★
Women's Care	<i>Breast Cancer Screening—42 to 51 Years</i>	**	42.0%	†
	<i>Breast Cancer Screening—52 to 69 Years</i>	45.0%	47.4%	★★
	<i>Breast Cancer Screening—Combined</i>	**	44.3%	†
	<i>Cervical Cancer Screening</i>	73.8%	78.0%	★★★
	<i>Chlamydia Screening—16 to 20 Years</i>	52.8%	51.6%	★★
	<i>Chlamydia Screening—21 to 25 Years</i>	60.0%	61.4%	★★
	<i>Chlamydia Screening—Combined</i>	56.2%	55.8%	★★
	<i>Timeliness of Prenatal Care</i>	89.5%	85.4%	★★
	<i>Postpartum Care</i>	60.7%	66.0%	★★
<p>* Lower rates are better for this measure.</p> <p>**Changes were made to these measures' specifications; therefore, the 2007 rates are not comparable to the previous year's rates or national benchmarks.</p> <p>† National percentiles are not available for these measures.</p> <p>★ = Below-average performance relative to national Medicaid results.</p> <p>★★ = Average performance relative to national Medicaid results.</p> <p>★★★ = Above-average performance relative to national Medicaid results.</p>				

Table F-2—MCD Scores for Performance Measures				
Dimensions	Performance Measures	Rate for 2006	Rate for 2007	Performance Level for 2007
Living With Illness	<i>Diabetes Care—HbA1c Testing</i>	88.4%	89.1%	★★★
	<i>Diabetes Care—Poor HbA1c Control*</i>	33.8%	34.0%	★★
	<i>Diabetes Care—Eye Exam</i>	55.1%	62.5%	★★
	<i>Diabetes Care—LDL-C Screening</i>	**	80.9%	**
	<i>Diabetes Care—LDL-C Level <100</i>	**	45.7%	**
	<i>Diabetes Care—Nephropathy</i>	**	84.8%	**
	<i>Asthma—5 to 9 Years</i>	94.6%	99.0%	★★★
	<i>Asthma—10 to 17 Years</i>	91.8%	91.2%	★★
	<i>Asthma—18 to 56 Years</i>	91.2%	90.0%	★★
	<i>Asthma—Combined Rate</i>	92.2%	93.0%	★★★
	<i>Controlling High Blood Pressure—18 to 45 Years</i>	**	67.9%	†
	<i>Controlling High Blood Pressure—46 to 85 Years</i>	76.0%	65.4%	★★
	<i>Controlling High Blood Pressure—Combined</i>	**	66.2%	†
	<i>Advising Smokers to Quit</i>	75.7%	76.4%	†
	<i>Discussing Smoking Cessation Strategies</i>	50.2%	47.9%	†
Access to Care	<i>Children's Access—12 to 24 Months</i>	98.8%	97.3%	★★
	<i>Children's Access—25 Months to 6 Years</i>	89.0%	89.5%	★★
	<i>Children's Access—7 to 11 Years</i>	87.5%	89.8%	★★
	<i>Adolescents' Access—12 to 19 Years</i>	85.8%	87.8%	★★
	<i>Adults' Access—20 to 44 Years</i>	82.2%	83.9%	★★
	<i>Adults' Access—45 to 64 Years</i>	85.1%	88.6%	★★
<p>* Lower rates are better for this measure.</p> <p>**Changes were made to these measures' specifications; therefore, the 2007 rates are not comparable to the previous year's rates or national benchmarks.</p> <p>† National percentiles are not available for these measures.</p> <p>★ = Below-average performance relative to national Medicaid results.</p> <p>★★ = Average performance relative to national Medicaid results.</p> <p>★★★ = Above-average performance relative to national Medicaid results.</p>				

Table F-2 shows that **MCD**'s rates were above the national Medicaid HEDIS 2006 90th percentile for five of the performance measures: *Appropriate Testing for Children With Pharyngitis*, *Cervical Cancer Screening*, *Comprehensive Diabetes Care—HbA1c Testing*, and *Use of Appropriate Medications for People With Asthma—5 to 9 Years and Combined*. These measures represented relative areas of strength for **MCD**.

The table also shows that the rates for 25 of the performance measures were about average, falling between the national Medicaid HEDIS 2006 25th and 90th percentiles.

None of the rates fell below the national Medicaid HEDIS 2006 25th percentile. From a quality improvement perspective, differences in rates need to be evaluated from year to year. For 2007, the rates improved or remained the same for 23 of the comparable performance measures over the previous year; however, five of those measures were rotated from 2006 (a rotated measure is one for

which the MHP exercised the NCQA-approved option to use the audited and reportable rate from the prior year). The largest increase was 22.0 percentage points for *Appropriate Testing for Children With Pharyngitis*.

The rates decreased for nine of the performance measures from 2006 to 2007. These measures somewhat clustered as follows: two of the measures were within *Chlamydia Screening*, one of the measures was within *Comprehensive Diabetes Care*, two measures were within *Use of Appropriate Medications for People With Asthma*, and one was within *Controlling High Blood Pressure*.

Validation of Performance Improvement Projects (PIPs)

Table F-3 presents the scoring for each of the activities in the CMS PIP Protocol. The table shows the number of elements within each activity and, of those, the number that were scored *Met*, *Partially Met*, *Not Met*, or *NA*; the total percentage scores for evaluation and critical elements *Met*; and the validation status for the PIP.

Table F-3—PIP Two-Year Activity Scores for MCD									
Activity	Number of Elements	2005–2006 Validation				2006–2007 Validation			
		Met	Part. Met	Not Met	NA	Met	Part. Met	Not Met	NA
Activity I—Appropriate Study Topic	6	6	0	0	0	6	0	0	0
Activity II—Clearly Defined, Answerable Study Question	2	2	0	0	0	2	0	0	0
Activity III—Clearly Defined Study Indicator(s)	7	6	0	0	1	6	0	0	1
Activity IV—Correctly Identified Study Population	3	3	0	0	0	3	0	0	0
Activity V—Valid Sampling Techniques (if sampling was used)	6	6	0	0	0	0	0	0	6
Activity VI—Accurate/Complete Data Collection	11	6	0	0	5	6	0	0	5
Activity VII—Appropriate Improvement Strategies	4	3	0	0	1	3	0	0	1
Activity VIII—Sufficient Data Analysis and Interpretation	9	9	0	0	0	8	0	0	1
Activity IX—Real Improvement Achieved	4	4	0	0	0	4	0	0	0
Activity X—Sustained Improvement Achieved	1	Not Assessed				1	0	0	0
Totals for all Activities	53	45	0	0	7	39	0	0	14
Percentage Score of Evaluation Elements Met	100%					100%			
Percentage Score of Critical Elements Met	100%					100%			
Validation Status	Met					Met			

Validation of Activities I through IX in 2005–2006 and Activities I through X in 2006–2007 resulted in a validation status of *Met* with an overall score of 100 percent and a score of 100 percent for critical elements. **MCD** demonstrated compliance with all applicable requirements of the CMS protocol for conducting PIPs. There were no opportunities for improvement identified for **MCD**. Based on the results of the 2006–2007 validation, there was high confidence that the PIP produced valid results.

Consumer Assessment of Healthcare Providers and Systems (CAHPS)

The detailed results for **MCD**'s composite CAHPS scores are shown in Table F-4. The table presents each of the CAHPS measures, the top-box percentages for 2006 and 2007, the three-point mean scores for 2006 and 2007, and the overall performance levels for 2007.

Table F-4—MCD Detailed Results for the CAHPS Child and Adult Composite Scores					
CAHPS Measures	Top-Box Percentage		Three-Point Mean Scores		Performance Level for 2007
	2006	2007	2006	2007	
Child [†]					
Getting Needed Care	82.7%	85.9%	2.77	2.82	★ ★ ★
Getting Care Quickly	58.6%	60.9%	2.43	2.47	★ ★ ★
How Well Doctors Communicate	72.2%	75.4%	2.65	2.69	★ ★ ★
Courteous and Helpful Office Staff	75.6%	76.7%	2.69	2.72	★ ★ ★
Customer Service	69.4%	68.5%	2.61	2.60	★
Adult					
Getting Needed Care ^{††}	††	49.7%	††	2.32	††
Getting Care Quickly ^{††}	††	53.0%	††	2.38	††
How Well Doctors Communicate	59.9%	68.7%	2.48	2.58	★ ★ ★
Customer Service ^{††}	††	NA	††	NA	††
Shared Decision Making	—	59.9%	—	2.50	—
Notes:					
The top-box percentage indicates the percentage of responses of “Always,” “Definitely Yes,” or “Not a Problem.”					
Performance levels are based on accreditation benchmarks and thresholds for the adult Medicaid population and the distribution of NCQA national survey results for the child Medicaid population.					
† Child results for 2006 reflect 2005 data due to the measure being rotated in 2006.					
†† Due to changes from the CAHPS Adult 3.0H to the Adult 4.0H survey, these composites are not comparable to the previous year’s results or national benchmarks.					
— The Shared Decision Making composite is a new measure for 2007.					
NA Composites that do not meet the minimum number of 100 responses are denoted as Not Applicable (NA).					
★ = Below-average performance (<25th percentile) relative to national Medicaid results.					
★ ★ = Average performance (≥25th to <75th percentile) relative to national Medicaid results.					
★ ★ ★ = Above-average performance (≥ 75th percentile) relative to national Medicaid results.					

MCD showed above-average performance on four of the five 2007 child CAHPS composite measures. *Customer Service*, on the other hand, showed below-average performance, indicating that an opportunity still exists to improve member satisfaction. For the only comparable 2007 adult CAHPS composite measure, *How Well Doctors Communicate*, **MCD** showed above-average performance. A comparison of the 2007 three-point mean scores to the 2006 three-point mean scores revealed an increase for five of the six comparable measures for the child and adult populations combined.

MCD's 2007 performance level for the child survey composite scores showed above-average performance nationally for four of the five measures. Further, the top-box percentages and the three-point mean scores increased for all four of these measures. These four measures were seen,

therefore, as a strength for the MHP. Nonetheless, the child survey results for *Customer Service* declined and were below average from a national perspective. This measure was, therefore, assessed as an opportunity for improvement.

The only trendable adult composite measure was *How Well Doctors Communicate*. This measure was seen as a strength for **MCD**, as shown by improved performance that was above the national average.

MCD's detailed scores for global ratings are presented in Table F-5. The table shows each of the four CAHPS global measures, the top-box percentages for 2006 and 2007, the three-point mean scores for 2006 and 2007, and the overall performance levels for 2007.

Table F-5—MCD Detailed Scores for CAHPS Child and Adult Global Ratings					
CAHPS Measures	Top-Box Percentage		Three-Point Mean Scores		Performance Level for 2007
	2006	2007	2006	2007	
Child†					
Rating of All Health Care	72.1%	72.3%	2.63	2.68	★★★
Rating of Personal Doctor	67.2%	65.5%	2.60	2.60	★★★
Rating of Specialist Seen Most Often	60.8%	57.1%	2.48	2.45	★
Rating of Health Plan	65.3%	67.2%	2.54	2.59	★★★
Adult					
Rating of All Health Care	55.1%	46.2%	2.39	2.27	★★
Rating of Personal Doctor	58.0%	62.3%	2.44	2.50	★★★
Rating of Specialist Seen Most Often	54.9%	64.4%	2.37	2.52	★★★
Rating of Health Plan	55.5%	55.7%	2.41	2.42	★★★
Notes:					
The top-box percentage indicates the percentage of respondents rating 9 or 10 on a scale of 0 to 10.					
Performance levels are based on accreditation benchmarks and thresholds for the adult Medicaid population and the distribution of NCQA national survey results for the child Medicaid population.					
† Child results for 2006 reflect 2005 data due to the measure being rotated in 2006.					
NA Global ratings that do not meet the minimum number of 100 responses are denoted as Not Applicable (NA).					
★ = Below-average performance (<25th percentile) relative to national Medicaid results.					
★★ = Average performance (≥25th to <75th percentile) relative to national Medicaid results.					
★★★ = Above-average performance (≥ 75th percentile) relative to national Medicaid results.					

MCD's three-point mean scores and top-box percentages increased for two of the four child CAHPS global ratings from 2006 to 2007 and showed above-average performance on three of the four measures. However, *Rating of Specialist Seen Most Often* showed below-average performance when compared to NCQA national survey results. This area of below-average performance could be targeted for quality improvement activities aimed at improving member satisfaction.

MCD showed average or above-average performance on all four of the adult CAHPS global ratings. A comparison of the 2007 three-point mean scores to the 2006 three-point mean scores revealed an increase on three of the four adult global ratings.

Assessment of Follow-up on Prior Recommendations

Annual Compliance Reviews

MCD successfully addressed two of the three recommendations for improvement from the 2005–2006 site visit. **MCD** met the claims payment process standard for having less than a 2 percent ending inventory and demonstrated timely and accurate submission of provider files. **MCD** should implement further changes to the electronic file processing.

Performance Measures

Based on the 2006 rates, **MCD**'s performance fell below the 25th percentile for only one measure, *Breast Cancer Screening*; therefore, this was an area for improvement for **MCD**. **MCD** implemented several interventions to improve the *Breast Cancer Screening* rate, including: streamlining the mammogram scheduling process, surveying other health plans to learn their experience with member incentives, mailing annual general reminder letters to members 40 to 51 years of age, and posting and publishing articles in newsletters and on Web sites about the importance of mammograms. **MCD** also conducted research on the success of other interventions for consideration in the future, including a mobile mammography unit and physician incentives.

Performance Improvement Projects (PIPs)

No recommendations were made for **MCD** because all applicable evaluation and critical elements were scored as *Met* in 2005–2006.

Recommendations and Summary Assessment Related to Quality, Timeliness, and Access

The current review of **MCD** showed both strengths and opportunities for improvement.

The annual compliance review assessed **MCD**'s performance on six standards, which addressed the **quality** and **timeliness** of, and **access** to, services provided by the MHP. **MCD** demonstrated strong performance across the three domains of **quality**, **timeliness**, and **access**. **MCD** achieved 100 percent compliance on two standards that addressed **quality**, **timeliness**, and **access**: Members and Fraud and Abuse. **MCD** also met all requirements for the Administrative standard, which addressed **quality**. The compliance review identified the need for corrective actions in all three domains. In the area of Providers, which addressed the domains of **quality**, **timeliness**, and **access**, **MCD** should make clinical staff available to members after business hours. For the Quality standard, related to **quality** and **access**, the focus study identified recommendations for achieving compliance with performance monitoring standards. On the Management Information and Data Reporting standard, related to **quality** and **timeliness** of services, **MCD** should implement corrective action to ensure compliance with requirements related to electronic file processing.

For performance measure validation, **MCD** exhibited average performance on the **timeliness** and **access** domains. One of the rates exceeded the 90th percentile and none fell below the 25th percentile. For the **quality** domain, above-average performance was observed for five of the measures: *Appropriate Testing for Children With Pharyngitis*, *Cervical Cancer Screening*, *Comprehensive Diabetes Care—HbA1c Testing*, and *Use of Appropriate Medications for People With Asthma—5 to 9 Years and Combined Rate*. Although none of the measures fell below average in any of the domains, **MCD** continued to struggle with the *Breast Cancer Screening* measure. In fact, this was the only measure for which **MCD** fell below the national 50th percentile. Although **MCD** implemented improvement efforts this past year, **MCD** should consider implementing the additional interventions that it researched this past year (e.g., provider and member incentives and a mobile mammography unit). Furthermore, since the *Breast Cancer Screening* measure is an administrative-only measure, **MCD** should investigate the completeness of its claims and encounter data. If there are supplemental place of services that **MCD** women could be receiving mammograms, **MCD** should look into ways of assuring they are receiving and capturing this information in an administrative database.

The EQR activities related to the validation of PIPs addressed the validity and reliability of the MHP's processes for conducting valid PIPs. Therefore, all PIPs were assigned to the **quality** domain. **MCD** demonstrated strong performance related to the quality of its PIP and a thorough understanding of the requirements for all activities of the CMS protocol for conducting PIPs.

In the CAHPS domain of **quality**, **MCD** had average or above-average performance on 12 of the 14 comparable measures. **MCD** demonstrated above-average performance across both the **access** and **timeliness** domains, based only on an evaluation of the child population. Measures that showed below-average performance represent the largest opportunity for quality improvement. **MCD** had no measures for which both the child and adult Medicaid population had below-average performance. However, child *Customer Service* and adult *Rating of Specialist Seen Most Often* had below-average performance and could be targeted for quality improvement activities aimed at improving member satisfaction.

Annual Compliance Review

According to 42 CFR 438.358, the State or its EQRO must conduct a review to determine the Medicaid managed care organizations' compliance with standards established by the State for access to care, structure and operations, and quality measurement and improvement. Table G-1 shows the results of the on-site reviews conducted by MDCH in 2005–2006 and 2006–2007: the number and percentage of criteria scored *No Findings* and the statewide average for each of the six standards.

Table G-1—Compliance Review Results for MCL							
Criteria Scored <i>No Findings</i>							
Standard		2005–2006			2006–2007		
		Number	Percentage	Statewide Average	Number	Percentage	Statewide Average
1	Administrative	3/3	100%	98%	3/3	100%	92%
2	Providers	11/11	100%	94%	11/11	100%	90%
3	Members	7/7	100%	90%	7/7	100%	87%
4	Quality	12/12	100%	94%	12/12	100%	92%
5	Management Information and Data Reporting	5/5	100%	75%	4/5	80%	71%
6	Fraud and Abuse	7/8	88%	95%	8/8	100%	92%
Overall		98%		92%	98%		89%

MCL demonstrated compliance with all contractual requirements related to the Administrative, Providers, Members, and Quality standards for both review periods. Additionally, **MCL** received a 100 percent *No Findings* score on the Management Information and Data Reporting standard in 2005–2006, and a 100 percent *No Findings* score for the Fraud and Abuse standard in 2006–2007 after addressing the only recommendation from the 2005–2006 review. The 2006–2007 review resulted in one recommendation on the Management Information and Data Reporting standard related to the claims payment process. **MCL**'s performance exceeded the statewide averages for all standards and overall in both annual reviews.

Performance Measures

As set forth in 42 CFR 438.358, the primary objectives of the performance measure validation process are to evaluate the accuracy of the performance measure data collected by the MHP and determine the extent to which the specific performance measures calculated by the MHP (or on behalf of the MHP) followed the specifications established for each performance measure. To meet the two primary objectives of the validation activity, a measure-specific review of all reported measures was performed, as well as a thorough information system evaluation to assess the ability of each MHP's support system to report accurate HEDIS measures. The results of this assessment are presented in Table G-2. The table shows each of the performance measures, the rates for each measure for 2006 and 2007, and the categorized performance for 2007 relative to national Medicaid results.

Table G-2—MCL Scores for Performance Measures				
Dimensions	Performance Measures	Rate for 2006	Rate for 2007	Performance Level for 2007
Pediatric Care	<i>Childhood Immunization—Combo 2</i>	78.8%	80.0%	★★
	<i>Childhood Immunization—Combo 3</i>	39.9%	66.7%	★★★
	<i>Adolescent Immunization—Combo 2</i>	54.3%	64.2%	★★
	<i>Well-Child 1st 15 Months—0 Visits*</i>	1.2%	1.2%	★★
	<i>Well-Child 1st 15 Months—6+ Visits</i>	68.6%	62.8%	★★
	<i>Well-Child 3rd–6th Years of Life</i>	63.3%	69.8%	★★
	<i>Adolescent Well-Care Visits</i>	45.7%	52.1%	★★
	<i>Appropriate Treatment of URI</i>	65.4%	67.2%	★
	<i>Children With Pharyngitis</i>	42.4%	48.7%	★★
Women's Care	<i>Breast Cancer Screening—42 to 51 Years</i>	**	45.3%	†
	<i>Breast Cancer Screening—52 to 69 Years</i>	56.9%	56.9%	★★
	<i>Breast Cancer Screening—Combined</i>	**	50.6%	†
	<i>Cervical Cancer Screening</i>	67.4%	70.1%	★★
	<i>Chlamydia Screening—16 to 20 Years</i>	53.3%	48.9%	★★
	<i>Chlamydia Screening—21 to 25 Years</i>	54.3%	58.8%	★★
	<i>Chlamydia Screening—Combined</i>	53.7%	53.4%	★★
	<i>Timeliness of Prenatal Care</i>	91.5%	93.4%	★★★
	<i>Postpartum Care</i>	76.6%	85.6%	★★★
<p>* Lower rates are better for this measure.</p> <p>**Changes were made to these measures' specifications; therefore, the 2007 rates are not comparable to the previous year's rates or national benchmarks.</p> <p>† National percentiles are not available for these measures.</p> <p>★ = Below-average performance relative to national Medicaid results.</p> <p>★★ = Average performance relative to national Medicaid results.</p> <p>★★★ = Above-average performance relative to national Medicaid results.</p>				

Table G-2—MCL Scores for Performance Measures				
Dimensions	Performance Measures	Rate for 2006	Rate for 2007	Performance Level for 2007
Living With Illness	Diabetes Care—HbA1c Testing	84.8%	84.4%	★★
	Diabetes Care—Poor HbA1c Control*	37.4%	41.8%	★★
	Diabetes Care—Eye Exam	69.9%	67.4%	★★
	Diabetes Care—LDL-C Screening	**	71.5%	**
	Diabetes Care—LDL-C Level <100	**	33.1%	**
	Diabetes Care—Nephropathy	**	91.2%	**
	Asthma—5 to 9 Years	97.3%	96.7%	★★★
	Asthma—10 to 17 Years	90.3%	90.6%	★★
	Asthma—18 to 56 Years	87.9%	85.2%	★★
	Asthma—Combined Rate	90.5%	89.1%	★★
	Controlling High Blood Pressure—18 to 45 Years	**	70.8%	†
	Controlling High Blood Pressure—46 to 85 Years	64.1%	67.9%	★★
	Controlling High Blood Pressure—Combined	**	69.1%	†
	Advising Smokers to Quit	69.5%	69.6%	†
	Discussing Smoking Cessation Strategies	32.4%	37.2%	†
Access to Care	Children's Access—12 to 24 Months	93.0%	94.9%	★★
	Children's Access—25 Months to 6 Years	78.2%	78.1%	★
	Children's Access—7 to 11 Years	81.0%	77.0%	★
	Adolescents' Access—12 to 19 Years	78.9%	76.5%	★★
	Adults' Access—20 to 44 Years	79.7%	81.0%	★★
	Adults' Access—45 to 64 Years	87.2%	87.0%	★★
<p>* Lower rates are better for this measure.</p> <p>**Changes were made to these measures' specifications; therefore, the 2007 rates are not comparable to the previous year's rates or national benchmarks.</p> <p>† National percentiles are not available for these measures.</p> <p>★ = Below-average performance relative to national Medicaid results.</p> <p>★★ = Average performance relative to national Medicaid results.</p> <p>★★★ = Above-average performance relative to national Medicaid results.</p>				

Table G-2 shows that **MCL**'s rates were above the national Medicaid HEDIS 2006 90th percentile for four of the performance measures. The rates were for: *Childhood Immunization Status—Combo 3*, *Use of Appropriate Medications for People With Asthma—5 to 9 Years*, *Timeliness of Prenatal Care*, and *Postpartum Care*. These measures represented relative areas of strength for **MCL**. Notably, though, two of the four measures were for prenatal and postpartum care, highlighting this clinical area as one of strength for the MHP.

The table also shows that the rates for 23 of the performance measures were about average, falling between the national Medicaid HEDIS 2006 25th and 90th percentiles.

Three rates were below national Medicaid HEDIS 2006 25th percentiles. These rates were for: *Appropriate Treatment for Children With URI*, *Children's Access to Primary Care Practitioners—25 Months to 6 Years*, and *Children's Access to Primary Care Practitioners—7 to 11 Years*. The

finding suggested that these performance measures represent opportunities for improvement for **MCL**, especially considering that two of the four below-average rates were within *Children's and Adolescents' Access to Primary Care Practitioners*.

From a quality improvement perspective, differences in rates need to be evaluated from year to year. For 2007, the rates improved or remained the same for 19 of the performance measures over the previous year. The largest increase was 26.8 percentage points for *Childhood Immunization Status—Combo 3*.

The rates decreased for 13 of the performance measures over the previous year. These measures somewhat clustered as follows: two of the measures were within *Chlamydia Screening in Women*, three measures were within *Comprehensive Diabetes Care*, three measures were within *Use of Appropriate Medications for People With Asthma*, and three measures were within *Children and Adolescents' Access to Primary Care Practitioners*. This finding suggested clinically focused opportunities for improvement within these areas. The other two rates that declined were for *Well-Child Visits in the First 15 Months of Life—Six or More Visits*, and *Adults' Access To Preventive/Ambulatory Health Services—45 to 64 Years*.

Validation of Performance Improvement Projects (PIPs)

Table G-3 presents the scoring for each of the activities in the CMS PIP Protocol. The table shows the number of elements within each activity and, of those, the number that were scored as *Met*, *Partially Met*, *Not Met*, or *NA*; the total percentage scores for evaluation and critical elements *Met*; and the validation status for the PIP.

Table G-3—PIP Two-Year Activity Scores for MCL									
Activity	Number of Elements	2005–2006 Validation				2006–2007 Validation			
		Met	Part. Met	Not Met	NA	Met	Part. Met	Not Met	NA
Activity I—Appropriate Study Topic	6	6	0	0	0	6	0	0	0
Activity II—Clearly Defined, Answerable Study Question	2	2	0	0	0	2	0	0	0
Activity III—Clearly Defined Study Indicator(s)	7	6	0	0	1	6	0	0	1
Activity IV—Correctly Identified Study Population	3	3	0	0	0	3	0	0	0
Activity V—Valid Sampling Techniques (if sampling was used)	6	6	0	0	0	0	0	0	6
Activity VI—Accurate/Complete Data Collection	11	6	0	0	5	6	0	0	5
Activity VII—Appropriate Improvement Strategies	4	4	0	0	0	4	0	0	0
Activity VIII—Sufficient Data Analysis and Interpretation	9	9	0	0	0	8	0	0	1
Activity IX—Real Improvement Achieved	4	3	0	0	1	4	0	0	0
Activity X—Sustained Improvement Achieved	1	Not Assessed				1	0	0	0
Totals for all Activities	53	45	0	0	7	40	0	0	13
Percentage Score of Evaluation Elements Met	100%					100%			
Percentage Score of Critical Elements Met	100%					100%			
Validation Status	Met					Met			

Validation of Activities I through IX in 2005–2006 and Activities I through X in 2006–2007 resulted in a validation status of *Met* with an overall score of 100 percent and a score of 100 percent for critical elements. **MCL** demonstrated compliance with all applicable requirements of the CMS protocol for conducting PIPs. There were no opportunities for improvement identified for **MCL**. Based on the results of the 2006–2007 validation, there was high confidence that the PIP produced valid results.

Consumer Assessment of Healthcare Providers and Systems (CAHPS)

The detailed results for **MCL**'s composite CAHPS scores are shown in Table G-4. The table presents each of the CAHPS measures, the top-box percentages for 2006 and 2007, the three-point mean scores for 2006 and 2007, and the overall performance levels for 2007.

Table G-4—MCL Detailed Results for the CAHPS Child and Adult Composite Scores					
CAHPS Measures	Top-Box Percentage		Three-Point Mean Scores		Performance Level for 2007
	2006	2007	2006	2007	
Child [†]					
Getting Needed Care	77.2%	79.4%	2.68	2.71	★★
Getting Care Quickly	51.5%	52.9%	2.31	2.32	★★
How Well Doctors Communicate	68.1%	65.6%	2.59	2.56	★
Courteous and Helpful Office Staff	71.8%	73.3%	2.63	2.65	★★
Customer Service	NA	NA	NA	NA	NA
Adult					
Getting Needed Care ^{††}	††	48.6%	††	2.27	††
Getting Care Quickly ^{††}	††	54.3%	††	2.38	††
How Well Doctors Communicate	61.8%	67.0%	2.48	2.53	★★★
Customer Service ^{††}	††	NA	††	NA	††
Shared Decision Making	—	59.3%	—	2.53	—
Notes:					
The top-box percentage indicates the percentage of responses of “Always,” “Definitely Yes,” or “Not a Problem.”					
Performance levels are based on accreditation benchmarks and thresholds for the adult Medicaid population and the distribution of NCQA national survey results for the child Medicaid population.					
† Child results for 2006 reflect 2005 data due to the measure being rotated in 2006.					
†† Due to changes from the CAHPS Adult 3.0H to the Adult 4.0H survey, these composites are not comparable to the previous year’s results or national benchmarks.					
— The Shared Decision Making composite is a new measure for 2007.					
NA Composites that do not meet the minimum number of 100 responses are denoted as Not Applicable (NA).					
★ = Below-average performance (<25th percentile) relative to national Medicaid results.					
★★ = Average performance (≥25th to <75th percentile) relative to national Medicaid results.					
★★★ = Above-average performance (≥ 75th percentile) relative to national Medicaid results.					

MCL showed average performance on three of the four comparable 2007 child CAHPS composite measures. *How Well Doctors Communicate*, on the other hand, showed below-average performance, indicating an opportunity to improve member satisfaction. For the only comparable 2007 adult CAHPS composite measure, *How Well Doctors Communicate*, **MCL** showed above-average performance. A comparison of the 2007 three-point mean scores to the 2006 three-point mean scores revealed an increase for four of the five comparable measures for the child and adult populations combined.

MCL's 2007 performance level for the child survey composite scores showed about average performance nationally for three of the four measures and below-average performance on the fourth. Further, while the top-box percentages and the three-point mean scores increased for the

three average-performing composite measures, they decreased for the below-average measure. For this reason, *How Well Doctors Communicate* was assessed as an opportunity for improvement for **MCL**. The measures that were average nationally were assessed as neither strengths nor opportunities for improvement.

The only trendable adult composite measure was *How Well Doctors Communicate*. This measure was seen as a strength for **MCL**, as shown by improved and above-average performance from a national perspective.

MCL's detailed scores for global ratings are presented in Table G-5. The table shows each of the four CAHPS global measures, the top-box percentages for 2006 and 2007, the three-point mean scores for 2006 and 2007, and the overall performance levels for 2007.

Table G-5—MCL Detailed Scores for CAHPS Child and Adult Global Ratings					
CAHPS Measures	Top Box Percentage		Three-Point Mean Scores		Performance Level for 2007
	2006	2007	2006	2007	
Child [†]					
Rating of All Health Care	59.5%	56.4%	2.48	2.43	★
Rating of Personal Doctor	59.7%	57.0%	2.46	2.45	★
Rating of Specialist Seen Most Often	NA	NA	NA	NA	NA
Rating of Health Plan	50.7%	49.7%	2.35	2.37	★
Adult					
Rating of All Health Care	54.0%	42.9%	2.37	2.22	★
Rating of Personal Doctor	55.4%	62.4%	2.40	2.44	★★
Rating of Specialist Seen Most Often	59.0%	65.8%	2.42	2.54	★★★
Rating of Health Plan	50.2%	44.1%	2.29	2.20	★
Notes:					
The top-box percentage indicates the percentage of respondents rating 9 or 10 on a scale of 0 to 10.					
Performance levels are based on accreditation benchmarks and thresholds for the adult Medicaid population and the distribution of NCQA national survey results for the child Medicaid population.					
† Child results for 2006 reflect 2005 data due to the measure being rotated in 2006.					
NA Global ratings that do not meet the minimum number of 100 responses are denoted as Not Applicable (NA).					
★ = Below-average performance (<25th percentile) relative to national Medicaid results.					
★★ = Average performance (≥25th to <75th percentile) relative to national Medicaid results.					
★★★ = Above-average performance (≥ 75th percentile) relative to national Medicaid results.					

MCL's top-box percentages decreased for all comparable child CAHPS global ratings from 2006 to 2007. All three comparable global ratings showed below-average performance compared to NCQA national survey results. These areas of below-average performance could be targeted for quality improvement activities aimed at improving member satisfaction.

MCL showed average or above-average performance on two of the four adult CAHPS global ratings: *Rating of Personal Doctor* and *Rating of Specialist Seen Most Often*. Below-average performance on the remaining two measures, *Rating of All Health Care* and *Rating of Health Plan*, indicated that opportunities still existed to improve member satisfaction. A comparison of the 2007

three-point mean scores to the 2006 three-point mean scores revealed an increase for two of the four adult global ratings.

Assessment of Follow-up on Prior Recommendations

Annual Compliance Reviews

MCL successfully addressed the recommendation for improvement from the 2005–2006 site visit related to providing contact information and the plan address to employees for reporting of fraud and abuse at least annually.

Performance Measures

In 2006, **MCL**'s performance for *Appropriate Treatment for Children With URI* and one of the *Children and Adolescent's Access to Primary Care Practitioners* measures fell below the national 25th percentile. Based on this performance, **MCL** needed to increase its efforts to improve these rates. Based on **MCL**'s Quality Performance Improvement Program Evaluation, no interventions were specifically targeted for the URI measure. However, in order to increase access to primary care, **MCL** had an assessment program for special needs members that allowed for early identification of barriers to accessing care. In addition, **MCL** authorized physician home visits for children with special needs who were unable to access their PCP.

Performance Improvement Projects (PIPs)

No recommendations were made for **MCL** because all applicable evaluation and critical elements were scored as *Met* in 2005–2006.

Recommendations and Summary Assessment Related to Quality, Timeliness, and Access

The current review of **MCL** showed both strengths and opportunities for improvement.

The annual compliance review assessed **MCL**'s performance on six standards, which addressed the **quality** and **timeliness** of, and **access** to, services provided by the MHP. **MCL** demonstrated strong performance across all of the three domains of **quality**, **timeliness**, and **access**. The only corrective action identified in the 2006–2007 annual review—ensuring the timely payment of all claims—applied to the Management Information and Data Reporting standard, which addressed **quality** and **timeliness**. There were no recommendations for the other five standards of Administrative, Providers, Members, Quality, or Fraud and Abuse, as **MCL** met all contractual requirements related to these standards.

For performance measure validation in the **timeliness** domain, **MCL** demonstrated above-average performance. Three of the five measures (*Childhood Immunization Status—Combo 3*, *Timeliness of Prenatal Care*, and *Postpartum Care*) exceeded the national Medicaid 90th percentile. The **quality** and **access** domains, on the other hand, had mixed results. Within the eight measures in the **access** domain, two measures had rates that were above average and two measures had rates that were below average. The above-average measures were within the Women's Care dimension, while the below-average measures concerned access to primary care for children and adolescents. In the **quality** domain, four of the measures exceeded the 90th percentile and three were below the 25th percentile. The measures that fell below the 25th percentile (*Appropriate Treatment for Children with URI*, *Children's Access to Primary Care Practitioners—25 Months to 6 Years*, and *Children's Access to Primary Care Practitioners—7 to 11 Years*) were areas of care that **MCL** struggled with last year. Although **MCL** implemented efforts to improve children's and adolescents' access to care, the efforts were limited to those children with special needs. **MCL** should look into implementing a strategy that encompasses its entire population. One suggestion is that **MCL** conduct an assessment to determine barriers to accessing care for this population. Furthermore, **MCL** should look into implementing interventions to improve its compliance with the URI standards. One strategy that has been implemented is providing physicians with incentives for high performance.

The EQR activities related to the validation of PIPs addressed the validity and reliability of the MHP's processes for conducting valid PIPs. Therefore, all PIPs were assigned to the **quality** domain. **MCL** demonstrated strong performance related to the quality of its PIP and a thorough understanding of the requirements for all activities of the CMS protocol for conducting PIPs.

In the CAHPS domain of **quality**, **MCL** had average or above-average performance on 6 of the 12 comparable measures. **MCL** demonstrated average performance across both the **access** and **timeliness** domains, based only on an evaluation of the child population. Measures that showed below-average performance represented the largest opportunities for quality improvement. For both the adult and child populations, the largest opportunities for quality improvement were for *Rating of All Health Care* and *Rating of Health Plan*. In order to improve the overall *Rating of All Health Care* measure, quality improvement activities could target member satisfaction with physicians, member perception of access to care, experience with care, and experience with the health plan. To improve *Rating of Health Plan*, quality improvement activities should target both plan and physician office operations.

Annual Compliance Review

According to 42 CFR 438.358, the State or its EQRO must conduct a review to determine the Medicaid managed care organizations' compliance with standards established by the State for access to care, structure and operations, and quality measurement and improvement. Table H-1 shows the results of the on-site reviews conducted by MDCH in 2005–2006 and 2006–2007: the number and percentage of criteria scored *No Findings* and the statewide average for each of the six standards.

Table H-1—Compliance Review Results for MID							
Criteria Scored <i>No Findings</i>							
Standard		2005–2006			2006–2007		
		Number	Percentage	Statewide Average	Number	Percentage	Statewide Average
1	Administrative	3/3	100%	98%	3/3	100%	92%
2	Providers	11/11	100%	94%	10/11	91%	90%
3	Members	7/7	100%	90%	6/7	86%	87%
4	Quality	11/12	92%	94%	10/12	83%	92%
5	Management Information and Data Reporting	3/5	60%	75%	3/5	60%	71%
6	Fraud and Abuse	8/8	100%	95%	8/8	100%	92%
Overall		93%		92%	87%		89%

MID demonstrated compliance with all contractual requirements related to the Administrative and Fraud and Abuse standards for both review periods. Additionally, **MID** received a 100 percent *No Findings* score on the Providers and Members standards in 2005–2006. The 2006–2007 annual review identified that corrective action was needed on these standards related to provider contracts and approval of member materials, and on the Quality and Management Information and Data Reporting standards. **MID**'s performance exceeded the statewide averages for four standards in 2005–2006 and three standards in 2006–2007. The overall score in 2005–2006 was slightly above the statewide average and the overall score in 2006–2007 was below the statewide average.

Performance Measures

As set forth in 42 CFR 438.358, the primary objectives of the performance measure validation process are to evaluate the accuracy of the performance measure data collected by the MHP and to determine the extent to which the specific performance measures calculated by the MHP (or on behalf of the MHP) followed the specifications established for each performance measure. To meet the two primary objectives of the validation activity, a measure-specific review of all reported measures was performed, as well as a thorough information system evaluation to assess the ability of each MHP's support system to report accurate HEDIS measures. The results of this assessment are presented in Table H-2. The table shows each of the performance measures, the rates for each measure for 2006 and 2007, and the categorized performance for 2007 relative to national Medicaid results.

Table H-2—MID Scores for Performance Measures				
Dimensions	Performance Measures	Rate for 2006	Rate for 2007	Performance Level for 2007
Pediatric Care	<i>Childhood Immunization—Combo 2</i>	75.9%	81.5%	★★
	<i>Childhood Immunization—Combo 3</i>	32.8%	57.9%	★★★
	<i>Adolescent Immunization—Combo 2</i>	55.0%	64.0%	★★
	<i>Well-Child 1st 15 Months—0 Visits*</i>	4.9%	3.6%	★★
	<i>Well-Child 1st 15 Months—6+ Visits</i>	50.6%	56.7%	★★
	<i>Well-Child 3rd–6th Years of Life</i>	73.5%	74.9%	★★
	<i>Adolescent Well-Care Visits</i>	48.9%	50.1%	★★
	<i>Appropriate Treatment of URI</i>	75.7%	75.2%	★
	<i>Children With Pharyngitis</i>	13.4%	18.7%	★
Women's Care	<i>Breast Cancer Screening—42 to 51 Years</i>	**	51.9%	†
	<i>Breast Cancer Screening—52 to 69 Years</i>	58.3%	57.5%	★★
	<i>Breast Cancer Screening—Combined</i>	**	54.6%	†
	<i>Cervical Cancer Screening</i>	62.3%	64.2%	★★
	<i>Chlamydia Screening—16 to 20 Years</i>	40.0%	52.8%	★★
	<i>Chlamydia Screening—21 to 25 Years</i>	48.2%	60.3%	★★
	<i>Chlamydia Screening—Combined</i>	43.6%	55.9%	★★
	<i>Timeliness of Prenatal Care</i>	68.4%	76.4%	★★
	<i>Postpartum Care</i>	46.5%	50.9%	★★
<p>* Lower rates are better for this measure.</p> <p>**Changes were made to these measures' specifications; therefore, the 2007 rates are not comparable to the previous year's rates or national benchmarks.</p> <p>† National percentiles are not available for these measures.</p> <p>★ = Below-average performance relative to national Medicaid results.</p> <p>★★ = Average performance relative to national Medicaid results.</p> <p>★★★ = Above-average performance relative to national Medicaid results.</p>				

Table H-2—MID Scores for Performance Measures				
Dimensions	Performance Measures	Rate for 2006	Rate for 2007	Performance Level for 2007
Living With Illness	Diabetes Care—HbA1c Testing	71.5%	70.1%	★
	Diabetes Care—Poor HbA1c Control*	47.7%	48.2%	★★
	Diabetes Care—Eye Exam	49.1%	53.5%	★★
	Diabetes Care—LDL-C Screening	**	70.1%	**
	Diabetes Care—LDL-C Level <100	**	29.7%	**
	Diabetes Care—Nephropathy	**	77.9%	**
	Asthma—5 to 9 Years	79.6%	86.7%	★★
	Asthma—10 to 17 Years	78.5%	81.8%	★
	Asthma—18 to 56 Years	82.9%	83.4%	★★
	Asthma—Combined Rate	81.1%	83.7%	★
	Controlling High Blood Pressure—18 to 45 Years	**	53.2%	†
	Controlling High Blood Pressure—46 to 85 Years	56.7%	52.3%	★
	Controlling High Blood Pressure—Combined	**	52.6%	†
	Advising Smokers to Quit	67.8%	68.3%	†
	Discussing Smoking Cessation Strategies	34.9%	37.1%	†
Access to Care	Children's Access—12 to 24 Months	93.6%	92.1%	★★
	Children's Access—25 Months to 6 Years	82.9%	81.4%	★★
	Children's Access—7 to 11 Years	82.4%	81.2%	★★
	Adolescents' Access—12 to 19 Years	80.0%	76.8%	★★
	Adults' Access—20 to 44 Years	76.5%	78.2%	★★
	Adults' Access—45 to 64 Years	85.4%	85.5%	★★
<p>* Lower rates are better for this measure.</p> <p>**Changes were made to these measures' specifications; therefore, the 2007 rates are not comparable to the previous year's rates or national benchmarks.</p> <p>† National percentiles are not available for these measures.</p> <p>★ = Below-average performance relative to national Medicaid results.</p> <p>★★ = Average performance relative to national Medicaid results.</p> <p>★★★ = Above-average performance relative to national Medicaid results.</p>				

Table H-2 shows that **MID**'s rates were above the national Medicaid HEDIS 2006 90th percentile for one of the performance measures, *Childhood Immunization Status—Combo 3*.

The table also shows that the rates for 23 of the performance measures were about average, falling between the national Medicaid HEDIS 2006 25th and 90th percentiles.

Six of the measures' rates were below the national Medicaid HEDIS 2006 25th percentile. These measures were: *Appropriate Treatment for Children With URI*, *Appropriate Testing for Children With Pharyngitis*, *Controlling High Blood Pressure—46 to 85 Years*, *Comprehensive Diabetes Care—HbA1c Testing*, *Use of Appropriate Medications for People With Asthma—10 to 17 Years*, and *Use of Appropriate Medications for People With Asthma—Combined Rate*. These findings suggested opportunities for improvement for these performance measures for **MID**.

From a quality improvement perspective, differences in rates need to be evaluated from year to year. For 2007, the rates improved or remained the same for 23 of the performance measures over the previous year. The largest increase was 25.1 percentage points for *Childhood Immunization Status—Combo 3*.

The rates decreased for nine of the performance measures over the previous year. These measures somewhat clustered as follows: two of the measures were within *Comprehensive Diabetes Care* and four of the measures were within *Children's and Adolescents' Access to Primary Care Practitioners*. This finding suggested clinically focused opportunities for improvement within these areas. The other three rates that declined were: *Appropriate Treatment for Children With URI*, *Breast Cancer Screening—52 to 69 Years*, and *Controlling High Blood Pressure—46 to 85 Years*.

Validation of Performance Improvement Projects (PIPs)

Table H-3 presents the scoring for each of the activities in the CMS PIP Protocol. The table shows the number of elements within each activity and, of those, the number that were scored as *Met*, *Partially Met*, *Not Met*, or *NA*; the total percentage scores for evaluation and critical elements *Met*; and the validation status for the PIP.

Table H-3—PIP Two-Year Activity Scores for MID									
Activity	Number of Elements	2005–2006 Validation				2006–2007 Validation			
		<i>Met</i>	<i>Part. Met</i>	<i>Not Met</i>	<i>NA</i>	<i>Met</i>	<i>Part. Met</i>	<i>Not Met</i>	<i>NA</i>
Activity I—Appropriate Study Topic	6	6	0	0	0	6	0	0	0
Activity II—Clearly Defined, Answerable Study Question	2	2	0	0	0	2	0	0	0
Activity III—Clearly Defined Study Indicator(s)	7	6	0	0	1	6	0	0	1
Activity IV—Correctly Identified Study Population	3	3	0	0	0	3	0	0	0
Activity V—Valid Sampling Techniques (if sampling was used)	6	6	0	0	0	0	0	0	6
Activity VI—Accurate/Complete Data Collection	11	6	0	0	5	6	0	0	5
Activity VII—Appropriate Improvement Strategies	4	2	0	0	2	3	0	0	1
Activity VIII—Sufficient Data Analysis and Interpretation	9	8	0	0	1	8	0	0	1
Activity IX—Real Improvement Achieved	4	4	0	0	0	4	0	0	0
Activity X—Sustained Improvement Achieved	1	Not Assessed				1	0	0	0
Totals for all Activities	53	43	0	0	9	39	0	0	14
Percentage Score of Evaluation Elements <i>Met</i>	100%					100%			
Percentage Score of Critical Elements <i>Met</i>	100%					100%			
Validation Status	<i>Met</i>					<i>Met</i>			

Validation of Activities I through IX in 2005–2006 and Activities I through X in 2006–2007 resulted in a validation status of *Met* with an overall score of 100 percent and a score of 100 percent for critical elements. **MID** demonstrated compliance with all applicable requirements of the CMS protocol for conducting PIPs. There were no opportunities for improvement identified for **MID**. Based on the results of the 2006–2007 validation, there was high confidence that the PIP produced valid results.

Consumer Assessment of Healthcare Providers and Systems (CAHPS)

The detailed results for **MID**'s composite CAHPS scores are shown in Table H-4. The table presents each of the CAHPS measures, the top-box percentages for 2006 and 2007, the three-point mean scores for 2006 and 2007, and the overall performance levels for 2007.

Table H-4—MID Detailed Results for the CAHPS Child and Adult Composite Scores					
CAHPS Measures	Top-Box Percentage		Three-Point Mean Scores		Performance Level for 2007
	2006	2007	2006	2007	
Child [†]					
Getting Needed Care	73.8%	78.2%	2.65	2.72	★★
Getting Care Quickly	49.8%	51.5%	2.25	2.25	★
How Well Doctors Communicate	65.2%	64.7%	2.51	2.51	★
Courteous and Helpful Office Staff	65.3%	68.7%	2.53	2.58	★
Customer Service	NA	NA	NA	NA	NA
Adult					
Getting Needed Care ^{††}	††	46.9%	††	2.18	††
Getting Care Quickly ^{††}	††	54.8%	††	2.28	††
How Well Doctors Communicate	63.3%	64.2%	2.47	2.47	★★
Customer Service ^{††}	††	NA	††	NA	††
Shared Decision Making	—	53.2%	—	2.44	—
Notes:					
The top-box percentage indicates the percentage of responses of “Always,” “Definitely Yes,” or “Not a Problem.”					
Performance levels are based on accreditation benchmarks and thresholds for the adult Medicaid population and the distribution of NCQA national survey results for the child Medicaid population.					
† Child results for 2006 reflect 2005 data, due to the measure being rotated in 2006.					
†† Due to changes from the CAHPS Adult 3.0H to the Adult 4.0H survey, these composites are not comparable to the previous year’s results or national benchmarks.					
— The Shared Decision Making composite is a new measure for 2007.					
NA Composites that do not meet the minimum number of 100 responses are denoted as Not Applicable (NA).					
★ = Below-average performance (<25th percentile) relative to national Medicaid results.					
★★ = Average performance (≥25th to <75th percentile) relative to national Medicaid results.					
★★★ = Above-average performance (≥ 75th percentile) relative to national Medicaid results.					

MID showed below-average performance for three comparable 2007 child CAHPS composite measures. Since three comparable measures showed below-average performance, several opportunities exist to improve member satisfaction for the child population. For the only comparable 2007 adult CAHPS composite measure, *How Well Doctors Communicate*, **MID** showed average performance. A comparison of the 2007 three-point mean scores to the 2006 three-point mean scores revealed an increase for two of the five comparable measures for the child and adult populations combined.

MID's 2007 performance level for the child survey composite scores showed below-average performance nationally for three of the four measures and about average performance for the fourth,

Getting Needed Care. Further, although the scores for the top-box percentage and the three-point mean score increased somewhat for *Getting Needed Care*, the scores were essentially flat for the three below-average measures. For these reasons, *Getting Care Quickly*, *How Well Doctors Communicate*, and *Courteous and Helpful Office Staff* were assessed as opportunities for improvement for **MID**. *Getting Needed Care* was assessed as neither a strength nor an opportunity for improvement.

The only trendable adult composite measure was *How Well Doctors Communicate*. This measure was essentially flat and about average nationally. For these reasons, this measure was assessed as neither a strength nor an opportunity for improvement for **MID**.

MID's detailed scores for global ratings are presented in Table H-5. The table shows each of the four CAHPS global measures, the top-box percentages for 2006 and 2007, the three-point mean scores for 2006 and 2007, and the overall performance levels for 2007.

Table H-5—MID Detailed Scores for CAHPS Child and Adult Global Ratings					
CAHPS Measures	Top-Box Percentage		Three-Point Mean Scores		Performance Level for 2007
	2006	2007	2006	2007	
Child [†]					
Rating of All Health Care	57.3%	59.5%	2.42	2.47	★
Rating of Personal Doctor	55.5%	57.8%	2.41	2.47	★★
Rating of Specialist Seen Most Often	NA	NA	NA	NA	NA
Rating of Health Plan	54.8%	55.5%	2.38	2.43	★
Adult					
Rating of All Health Care	52.8%	41.3%	2.34	2.13	★
Rating of Personal Doctor	57.8%	56.7%	2.43	2.38	★★
Rating of Specialist Seen Most Often	59.8%	59.2%	2.42	2.42	★★
Rating of Health Plan	49.3%	48.6%	2.30	2.26	★★
Notes:					
The top-box percentage indicates the percentage of respondents rating 9 or 10 on a scale of 0 to 10.					
Performance levels are based on accreditation benchmarks and thresholds for the adult Medicaid population and the distribution of NCQA national survey results for the child Medicaid population.					
† Child results for 2006 reflect 2005 data due to the measure being rotated in 2006.					
NA Global ratings that do not meet the minimum number of 100 responses are denoted as Not Applicable (NA).					
★	=	Below-average performance (<25th percentile) relative to national Medicaid results.			
★★	=	Average performance (≥25th to <75th percentile) relative to national Medicaid results.			
★★★	=	Above-average performance (≥ 75th percentile) relative to national Medicaid results.			

MID's three-point mean scores and top-box percentages increased for all comparable child CAHPS global ratings from 2006 to 2007. However, two of the three comparable global ratings, *Rating of All Health Care* and *Rating of Health Plan*, showed below-average performance compared to NCQA national survey results. These areas of below-average performance could be targeted for quality improvement activities aimed at improving member satisfaction.

MID showed average performance on three out of four adult CAHPS global ratings: *Rating of Personal Doctor*, *Rating of Specialist Seen Most Often*, and *Rating of Health Plan*. Below-average performance on the remaining measure, *Rating of All Health Care*, indicated that an opportunity still exists to improve member satisfaction. A comparison of the 2007 three-point mean scores to the 2006 three-point mean scores revealed a decrease in three of the four adult global ratings.

Assessment of Follow-up on Prior Recommendations

Annual Compliance Reviews

MID did not successfully address the three recommendations for improvement from the 2005–2006 site visit. **MID** should continue with its efforts to become compliant with the contractual requirements related to the performance measures, timeliness of reports, and the claims payment process.

Performance Measures

In 2006, **MID** had low performance compared to the national 25th percentile for five measures: *Well-Child Visits in the First 15 Months of Life—Zero Visits*, *Timeliness of Prenatal Care*, *Postpartum Care*, *Appropriate Treatment for Children With URI*, and *Appropriate Testing for Children With Pharyngitis*. Based on **MID**'s performance on these five measures, **MID** had opportunities to improve in these areas of care. Based on **MID**'s Annual Evaluation of the Continuous Quality Improvement Program, no interventions were implemented that directly addressed improving the URI and pharyngitis measures. However, intervention efforts were implemented that addressed prenatal and postpartum care. **MID** had a prenatal and neonatal case management program and had a process for screening and referring members to specific services. **MID**'s Bright Futures program was designed for children and emphasized the importance of well-child visits and immunizations. Books were provided to new parents, on request, that included pages for each recommended well-child visit that parents could take with them to their well-child visits. In addition, well-child visit reminders were sent to parents quarterly.

Performance Improvement Projects (PIPs)

No recommendations were made for **MID** because all applicable evaluation and critical elements were scored *Met* in 2005–2006.

Recommendations and Summary Assessment Related to Quality, Timeliness, and Access

The current review of **MID** showed both strengths and opportunities for improvement.

The annual compliance review assessed **MID**'s performance on six standards, which addressed the **quality** and **timeliness** of, and **access** to, services provided by the MHP. **MID**'s strongest performance was found in the **quality** domain, with 100 percent *NF* scores on the Administrative and Fraud and Abuse standards. **MID** also demonstrated strengths in the other areas reviewed by meeting most of the contractual requirements for the standards. **MID**'s compliance review also identified opportunities for improvement across all three of the domains of **quality**, **timeliness**, and **access**. On the Providers and Members standards, which assessed the domains of **quality**, **timeliness**, and **access**, **MID** should increase the number of contracted obstetrician/gynecologists in parts of the service area and ensure that all member materials are submitted to MDCH for approval before final printing. On the Quality standard, addressing **quality** and **access**, **MID** should submit all health promotions and educational materials to MDCH for approval and continue with action plans in place for performance measures not meeting the minimum standard. **MID**'s lowest performance was shown on the Management Information and Data Reporting standard, which addressed **quality** and **timeliness**. **MID** should ensure that all reports are received by MDCH on time and submit a report about the claims payment process.

For performance measure validation in the **quality** domain, six of the performance measure rates were below average (i.e., below the national 25th percentile) and only one exhibited above-average performance: *Childhood Immunization Status—Combo 3*. For the **timeliness** and **access** domains average performance was seen overall. *Childhood Immunization Status—Combo 3*, again, was the only measure in the **timeliness** domain to exhibit above-average performance. The six measures that fell below the 25th percentile (*Appropriate Treatment for Children With URI*, *Appropriate Testing for Children With Pharyngitis*, *Comprehensive Diabetes Care—HbA1c Testing*, *Use of Appropriate Medications for People With Asthma—10 to 17 Years*, *Use of Appropriate Medications for People With Asthma—Combined Rate*, and *Controlling High Blood Pressure—46 to 85 Years*) are areas of care in which **MID** should focus improvement efforts in the coming year. Examples of interventions that cover all these areas of care include offering providers incentives for meeting performance benchmarks and providing providers with clinical practice guidelines.

The EQR activities related to the validation of PIPs addressed the validity and reliability of the MHP's processes for conducting valid PIPs. Therefore, all PIPs were assigned to the **quality** domain. **MID** demonstrated strong performance related to the quality of its PIP and a thorough understanding of the requirements for all activities of the CMS protocol for conducting PIPs.

In the CAHPS domain of **quality**, **MID** had average or above-average performance on 6 of the 12 comparable measures. **MID** demonstrated average performance in the **access** domain and below-average performance in the **timeliness** domain, based only on an evaluation of the child population. Measures that showed below-average performance represent the largest opportunity for quality improvement. For both the adult and child populations, the largest opportunity for quality improvement was *Rating of All Health Care*. In order to improve the overall *Rating of All Health Care* measure, quality improvement activities could target member satisfaction with physicians, member perception of access to care, experience with care, and experience with the health plan.

Appendix I. Findings—Molina Healthcare of Michigan

Annual Compliance Review

According to 42 CFR 438.358, the State or its EQRO must conduct a review to determine the Medicaid managed care organizations' compliance with standards established by the State for access to care, structure and operations, and quality measurement and improvement. Table I-1 shows the results of the on-site reviews conducted by MDCH in 2005–2006 and 2006–2007: the number and percentage of criteria scored *No Findings* and the statewide average for each of the six standards.

Table I-1—Compliance Review Results for MOL							
Criteria Scored <i>No Findings</i>							
Standard		2005–2006			2006–2007		
		Number	Percentage	Statewide Average	Number	Percentage	Statewide Average
1	Administrative	3/3	100%	98%	2/3	67%	92%
2	Providers	9/11	82%	94%	8/11	73%	90%
3	Members	6/7	86%	90%	5/7	71%	87%
4	Quality	11/12	92%	94%	11/12	92%	92%
5	Management Information and Data Reporting	4/5	80%	75%	2/5	40%	71%
6	Fraud and Abuse	7/8	88%	95%	8/8	100%	92%
Overall		87%		92%	78%		89%

MOL demonstrated compliance with all contractual requirements related to the Administrative standard in 2005–2006 and the Fraud and Abuse standard for the 2006–2007 review. On the Quality standard, **MOL**'s performance stayed the same for both review periods, with corrective action needed on the performance measures. For the remaining standards of Providers, Members, and Management Information and Data Reporting, **MOL**'s performance was lower on the 2006–2007 review than in 2005–2006, with corrective action needed in the areas of the provider contracts, the hospital network, and the provider appeal policy and procedure; the plan's Web site and member grievance and appeal policy/procedure; and the claims payment process. **MOL**'s performance in 2005–2006 and 2006–2007 was lower than the statewide averages for most standards and overall.

Performance Measures

As set forth in 42 CFR 438.358, the primary objectives of the performance measure validation process are to evaluate the accuracy of the performance measure data collected by the MHP and determine the extent to which the specific performance measures calculated by the MHP (or on behalf of the MHP) followed the specifications established for each performance measure. To meet the two primary objectives of the validation activity, a measure-specific review of all reported measures was performed, as well as a thorough information system evaluation to assess the ability of each MHP's support system to report accurate HEDIS measures. The results of this assessment are presented in Table I-2. The table shows each of the performance measures, the rates for each measure for 2006 and 2007, and the categorized performance for 2007 relative to national Medicaid results.

Table I-2—MOL Scores for Performance Measures				
Dimensions	Performance Measures	Rate for 2006	Rate for 2007	Performance Level for 2007
Pediatric Care	<i>Childhood Immunization—Combo 2</i>	72.4%	72.4%	★★
	<i>Childhood Immunization—Combo 3</i>	35.5%	35.5%	★★
	<i>Adolescent Immunization—Combo 2</i>	51.1%	54.6%	★★
	<i>Well-Child 1st 15 Months—0 Visits*</i>	2.3%	1.9%	★★
	<i>Well-Child 1st 15 Months—6+ Visits</i>	43.3%	42.5%	★★
	<i>Well-Child 3rd–6th Years of Life</i>	62.2%	62.2%	★★
	<i>Adolescent Well-Care Visits</i>	34.5%	39.6%	★★
	<i>Appropriate Treatment of URI</i>	76.5%	79.4%	★★
	<i>Children With Pharyngitis</i>	44.2%	43.6%	★★
Women's Care	<i>Breast Cancer Screening—42 to 51 Years</i>	**	44.5%	†
	<i>Breast Cancer Screening—52 to 69 Years</i>	58.6%	54.2%	★★
	<i>Breast Cancer Screening—Combined</i>	**	48.9%	†
	<i>Cervical Cancer Screening</i>	62.1%	58.0%	★
	<i>Chlamydia Screening—16 to 20 Years</i>	56.3%	52.1%	★★
	<i>Chlamydia Screening—21 to 25 Years</i>	59.9%	58.4%	★★
	<i>Chlamydia Screening—Combined</i>	57.9%	54.5%	★★
	<i>Timeliness of Prenatal Care</i>	82.0%	67.4%	★
	<i>Postpartum Care</i>	58.8%	49.7%	★
<p>* Lower rates are better for this measure.</p> <p>**Changes were made to these measures' specifications; therefore, the 2007 rates are not comparable to the previous year's rates or national benchmarks.</p> <p>† National percentiles are not available for these measures.</p> <p>★ = Below-average performance relative to national Medicaid results.</p> <p>★★ = Average performance relative to national Medicaid results.</p> <p>★★★ = Above-average performance relative to national Medicaid results.</p>				

Table I-2—MOL Scores for Performance Measures				
Dimensions	Performance Measures	Rate for 2006	Rate for 2007	Performance Level for 2007
Living With Illness	<i>Diabetes Care—HbA1c Testing</i>	88.8%	74.1%	★★
	<i>Diabetes Care—Poor HbA1c Control*</i>	43.0%	50.1%	★★
	<i>Diabetes Care—Eye Exam</i>	52.3%	50.6%	★★
	<i>Diabetes Care—LDL-C Screening</i>	**	73.4%	**
	<i>Diabetes Care—LDL-C Level <100</i>	**	51.3%	**
	<i>Diabetes Care—Nephropathy</i>	**	76.9%	**
	<i>Asthma—5 to 9 Years</i>	90.2%	83.1%	★
	<i>Asthma—10 to 17 Years</i>	89.6%	82.0%	★
	<i>Asthma—18 to 56 Years</i>	84.3%	84.4%	★★
	<i>Asthma—Combined Rate</i>	86.8%	83.5%	★
	<i>Controlling High Blood Pressure—18 to 45 Years</i>	**	45.3%	†
	<i>Controlling High Blood Pressure—46 to 85 Years</i>	62.6%	45.2%	★
	<i>Controlling High Blood Pressure—Combined</i>	**	45.2%	†
	<i>Advising Smokers to Quit</i>	69.3%	69.1%	†
	<i>Discussing Smoking Cessation Strategies</i>	41.7%	36.2%	†
Access to Care	<i>Children's Access—12 to 24 Months</i>	83.7%	94.4%	★★
	<i>Children's Access—25 Months to 6 Years</i>	79.2%	82.0%	★★
	<i>Children's Access—7 to 11 Years</i>	79.6%	80.5%	★★
	<i>Adolescents' Access—12 to 19 Years</i>	78.5%	78.0%	★★
	<i>Adults' Access—20 to 44 Years</i>	75.3%	77.2%	★★
	<i>Adults' Access—45 to 64 Years</i>	81.5%	83.8%	★★
<p>* Lower rates are better for this measure.</p> <p>**Changes were made to these measures' specifications; therefore, the 2007 rates are not comparable to the previous year's rates or national benchmarks.</p> <p>† National percentiles are not available for these measures.</p> <p>★ = Below-average performance relative to national Medicaid results.</p> <p>★★ = Average performance relative to national Medicaid results.</p> <p>★★★ = Above-average performance relative to national Medicaid results.</p>				

Table I-2 shows that none of **MOL's** performance measure rates exceeded the national Medicaid HEDIS 2006 90th percentile.

The table also shows that the rates for 23 of the performance measures were about average, falling between the national Medicaid HEDIS 2006 25th and 90th percentiles.

Seven of the rates were below national Medicaid HEDIS 2006 25th percentiles. These rates were: *Cervical Cancer Screening*, *Controlling High Blood Pressure—46 to 85 Years*, *Use of Appropriate Medications for People With Asthma—5 to 9 Years*, *Use of Appropriate Medications for People With Asthma—10 to 17 Years*, *Use of Appropriate Medications for People With Asthma—Combined Rate*, *Timeliness of Prenatal Care*, and *Postpartum Care*. The finding suggested that these performance measures represent opportunities for improvement for **MOL**. Of note, three of the

seven measures with below-average performance were within *Use of Appropriate Medications for People With Asthma*.

From a quality improvement perspective, differences in rates need to be evaluated from year to year. For 2007, the rates improved or remained the same for 13 of the comparable performance measures over the previous year. However, three of those measures were rotated. A rotated measure is one for which the MHP exercised the NCQA-approved option to use the audited and reportable rate from the prior year.

The rates decreased for 19 of the performance measures from 2006 to 2007. All of the areas of care had clusters of declining measures except for immunizations and access to primary care physicians. This finding suggested an overarching opportunity for improvement across most of the performance measures for **MOL**.

Validation of Performance Improvement Projects (PIPs)

Table I-3 presents the scoring for each of the activities in the CMS PIP Protocol. The table shows the number of elements within each activity and, of those, the number that were scored as *Met*, *Partially Met*, *Not Met*, or *NA*; the total percentage scores for evaluation and critical elements *Met*; and the validation status for the PIP.

Table I-3—PIP Two-Year Activity Scores for MOL									
Activity	Number of Elements	2005–2006 Validation				2006–2007 Validation			
		<i>Met</i>	<i>Part. Met</i>	<i>Not Met</i>	<i>NA</i>	<i>Met</i>	<i>Part. Met</i>	<i>Not Met</i>	<i>NA</i>
Activity I—Appropriate Study Topic	6	6	0	0	0	6	0	0	0
Activity II—Clearly Defined, Answerable Study Question	2	2	0	0	0	2	0	0	0
Activity III—Clearly Defined Study Indicator(s)	7	6	0	0	1	6	0	0	1
Activity IV—Correctly Identified Study Population	3	3	0	0	0	3	0	0	0
Activity V—Valid Sampling Techniques (if sampling was used)	6	6	0	0	0	0	0	0	6
Activity VI—Accurate/Complete Data Collection	11	5	1	0	5	6	0	0	5
Activity VII—Appropriate Improvement Strategies	4	4	0	0	0	4	0	0	0
Activity VIII—Sufficient Data Analysis and Interpretation	9	8	0	1	0	8	0	0	1
Activity IX—Real Improvement Achieved	4	2	1	1	0	4	0	0	0
Activity X—Sustained Improvement Achieved	1	0	1	0	0	1	0	0	0
Totals for all Activities	53	42	3	2	6	40	0	0	13
Percentage Score of Evaluation Elements <i>Met</i>	89%					100%			
Percentage Score of Critical Elements <i>Met</i>	100%					100%			
Validation Status	<i>Met</i>					<i>Met</i>			

In 2005–2006 and 2006–2007, **MOL** completed Activities I through X with a validation status of *Met*. In 2005–2006, **MOL** received an overall score of 89 percent and a score of 100 percent for critical elements. The results of the 2006–2007 validation reflected improvement. Validation of Activities I through X resulted in an overall score of 100 percent and a score of 100 percent for critical elements. **MOL** addressed the recommendations for elements that were not fully met in Activities VI, VIII, IX, and X to demonstrate compliance with all applicable requirements of the CMS protocol. In the 2006–2007 validation, no opportunities for improvement were identified for **MOL**. Based on the results of the 2006–2007 validation, there was high confidence that the PIP produced valid results.

Consumer Assessment of Healthcare Providers and Systems (CAHPS)

The detailed results for **MOL**'s composite CAHPS scores are shown in Table I-4. The table presents each of the CAHPS measures, the top-box percentages for 2006 and 2007, the three-point mean scores for 2006 and 2007, and the overall performance levels for 2007.

Table I-4—MOL Detailed Results for the CAHPS Child and Adult Composite Scores					
CAHPS Measures	Top-Box Percentage		Three-Point Mean Scores		Performance Level for 2007
	2006	2007	2006	2007	
Child [†]					
Getting Needed Care	76.9%	74.3%	2.68	2.64	★
Getting Care Quickly	52.1%	58.3%	2.32	2.38	★★
How Well Doctors Communicate	68.2%	75.1%	2.57	2.66	★★
Courteous and Helpful Office Staff	71.7%	78.3%	2.62	2.72	★★★
Customer Service	NA	NA	NA	NA	NA
Adult					
Getting Needed Care ^{††}	††	48.9%	††	2.25	††
Getting Care Quickly ^{††}	††	57.4%	††	2.40	††
How Well Doctors Communicate	63.9%	63.8%	2.50	2.47	★★
Customer Service ^{††}	††	NA	††	NA	††
Shared Decision Making	—	63.8%	—	2.56	—
Notes:					
The top-box percentage indicates the percentage of responses of “Always,” “Definitely Yes,” or “Not a Problem.”					
Performance levels are based on accreditation benchmarks and thresholds for the adult Medicaid population and the distribution of NCQA national survey results for the child Medicaid population.					
† Child results for 2006 reflect 2005 data due to the measure being rotated in 2006.					
†† Due to changes from the CAHPS Adult 3.0H to the Adult 4.0H survey, these composites are not comparable to the previous year’s results or national benchmarks.					
— The Shared Decision Making composite is a new measure for 2007.					
NA Composites that do not meet the minimum number of 100 responses are denoted as Not Applicable (NA).					
★ = Below-average performance (<25th percentile) relative to national Medicaid results.					
★★ = Average performance (≥25th to <75th percentile) relative to national Medicaid results.					
★★★ = Above-average performance (≥ 75th percentile) relative to national Medicaid results.					

MOL showed average or above-average performance on all three of the 2007 comparable child CAHPS composite measures. For the only comparable 2007 adult CAHPS composite measure, *How Well Doctors Communicate*, **MOL** showed average performance. A comparison of the 2007 three-point mean scores to the 2006 three-point mean scores revealed an increase on three of the child CAHPS comparable measures.

MOL's detailed scores for global ratings are presented in Table I-5. The table shows each of the four CAHPS global measures, the top-box percentages for 2006 and 2007, the three-point mean scores for 2006 and 2007, and the overall performance levels for 2007.

Table I-5—MOL Detailed Scores for CAHPS Child and Adult Global Ratings					
CAHPS Measures	Top-Box Percentage		Three-Point Mean Scores		Performance Level for 2007
	2006	2007	2006	2007	
Child [†]					
Rating of All Health Care	59.4%	59.7%	2.46	2.50	★
Rating of Personal Doctor	55.9%	59.8%	2.42	2.47	★
Rating of Specialist Seen Most Often	NA	NA	NA	NA	NA
Rating of Health Plan	44.0%	52.4%	2.21	2.38	★
Adult					
Rating of All Health Care	50.7%	43.6%	2.28	2.19	★
Rating of Personal Doctor	57.7%	58.6%	2.43	2.40	★★
Rating of Specialist Seen Most Often	61.4%	59.2%	2.46	2.43	★★
Rating of Health Plan	46.0%	43.4%	2.21	2.17	★
Notes:					
The top-box percentage indicates the percentage of respondents rating 9 or 10 on a scale of 0 to 10.					
Performance levels are based on accreditation benchmarks and thresholds for the adult Medicaid population and the distribution of NCQA national survey results for the child Medicaid population.					
† Child results for 2006 reflect 2005 data due to the measure being rotated in 2006.					
NA Global ratings that do not meet the minimum number of 100 responses are denoted as Not Applicable (NA).					
★ = Below-average performance (<25th percentile) relative to national Medicaid results.					
★★ = Average performance (≥25th to <75th percentile) relative to national Medicaid results.					
★★★ = Above-average performance (≥ 75th percentile) relative to national Medicaid results.					

MOL's three-point mean scores and top-box percentages increased for all the comparable child CAHPS global ratings from 2006 to 2007. However, all three comparable global ratings showed below-average performance compared to NCQA national survey results. These areas of below-average performance could be targeted for quality improvement activities aimed at improving member satisfaction.

MOL showed average performance on two of the four adult CAHPS global ratings: *Rating of Personal Doctor* and *Rating of Specialist Seen Most Often*. Below-average performance on the remaining two measures, *Rating of All Health Care* and *Rating of Health Plan*, indicated that opportunities still exist to improve member satisfaction. A comparison of the 2007 three-point mean scores to the 2006 three-point mean scores revealed an increase for all the comparable measures for the child global ratings and a decrease in all the adult global ratings.

Assessment of Follow-up on Prior Recommendations

Annual Compliance Reviews

MOL successfully addressed three of the six recommendations for improvement from the 2005–2006 site visit. **MOL** added the missing section to the community mental health services provider (CMHSP) agreement, added the required information to the member welcome letter, and demonstrated that the processes for fraud and abuse monitoring met the contractual requirements. While **MOL** improved the functionality of its Web site, the member and provider information should be updated. **MOL** has not successfully addressed the recommendations related to performance measures or timely processing of claims.

Performance Measures

In 2006, **MOL** had low performance compared to the national 25th percentile for two measures: *Appropriate Treatment for Children With URI* and one of the *Children's and Adolescent's Access to Primary Care Practitioners* measures. **MOL** had opportunities to improve in these area of care. Based on **MOL**'s Annual Evaluation of the Continuous Quality Improvement Program, no interventions were implemented that directly addressed improving either of these measures.

Performance Improvement Projects (PIPs)

Following the 2005–2006 validation, HSAG made two recommendations. First, both the estimated degree of automated data completeness and the process used to determine this percentage should be included in the PIP text. Second, **MOL** should perform statistical testing for each remeasurement period. Both opportunities for improvement were successfully addressed, resulting in scores of *Met* for all evaluation and critical elements.

Recommendations and Summary Assessment Related to Quality, Timeliness, and Access

The annual compliance review assessed **MOL**'s performance on six standards, which addressed the **quality** and **timeliness** of, and **access** to, services provided by the MHP. **MOL**'s strongest performance of a 100 percent *NF* score was on the Fraud and Abuse standard, which addressed the domains of **quality**, **timeliness**, and **access**. **MOL** also demonstrated strengths in the other areas reviewed by meeting most of the contractual requirements. **MOL**'s compliance review also identified opportunities for improvement across all three of the domains of **quality**, **timeliness**, and **access**. On the Administrative standard, which addressed **quality**, **MOL** should appoint a full-time chief financial officer. On the Providers and Members standards, which assessed the domains of **quality**, **timeliness**, and **access**, **MOL** should revise its provider contracts to include all required provisions, continue its efforts to pursue hospital contracts in all counties in its service area that have hospitals, and develop and maintain a formal claims appeal policy or include the claims appeal process in the current provider appeal process. **MOL** should also update its Web site with the current member and provider information and finalize its member appeals policy. On the Quality standard, which addressed **quality** and **access**, **MOL** should continue its efforts to meet the performance measure standards for childhood immunizations and well-child visits for children ages 3–6 years. **MOL**'s lowest performance was shown on the Management Information and Data Reporting standard, which addressed **quality** and **timeliness**. **MOL** should comply with all requirements for timeliness of reports, ensure timely processing of all claims, and submit provider files regularly and in a timely manner.

For performance measure validation, **MOL**'s performance in the **quality**, **access**, and **timeliness** domains was average with a few concentrated areas of care that fell below average. Seven of the measures' rates in the **quality** domain fell below the national 25th percentile. Three of the measures were concerning Women's Care (*Cervical Cancer Screening*, *Timeliness of Prenatal Care*, and *Postpartum Care*), three of the rates were within the asthma measures, and one was for controlling high blood pressure. The *Timeliness of Prenatal Care* and *Postpartum Care* measures were also areas of low performance in the **timeliness** and **access** domains. Of note is that **MOL** did not exhibit above-average performance in any of the domains.

MOL should focus improvement efforts on the areas of care that fell below the 25th percentile, including cervical cancer screening, prenatal and postpartum care, asthma, and blood pressure control in patients with hypertension. Intervention methods that **MOL** could consider for the Women's Care measures include providing physicians with lists of patients who need to receive care, offering incentives to patients who obtain the necessary care, and assuring that proper coding is taking place. Interventions that could be used for all of the measures include offering an incentive to providers who meet performance standards, providing physicians and clinical staff with clinical practice guides, and publishing articles in physician and patient newsletters.

The EQR activities related to the validation of PIPs addressed the validity and reliability of the MHP's processes for conducting valid PIPs. Therefore, all PIPs were assigned to the **quality** domain. **MOL** demonstrated strong performance related to the quality of its PIP and a thorough understanding of the requirements for all activities of the CMS protocol for conducting PIPs.

In the CAHPS domain of **quality**, **MOL** had average or above-average performance on 6 of the 12 comparable measures. **MOL** demonstrated below-average performance in the **access** domain and average performance in the **timeliness** domain, based only on an evaluation of the child population. Measures that showed below-average performance represent the largest opportunity for quality improvement. For both the adult and child populations, the largest opportunities for quality improvement are *Rating of All Health Care* and *Rating of Health Plan*. In order to improve the overall *Rating of All Health Care* measure, quality improvement activities could target member satisfaction with physicians, member perception of access to care, experience with care, and experience with the health plan. To improve *Rating of Health Plan*, quality improvement activities should target both plan and physician office operations.

Annual Compliance Review

According to 42 CFR 438.358, the State or its EQRO must conduct a review to determine the Medicaid managed care organizations' compliance with standards established by the State for access to care, structure and operations, and quality measurement and improvement. Table J-1 shows the results of the on-site reviews conducted by MDCH in 2005–2006 and 2006–2007: the number and percentage of criteria scored *No Findings* and the statewide average for each of the six standards.

Table J-1—Compliance Review Results <i>for</i> OCH							
Criteria Scored <i>No Findings</i>							
Standard		2005–2006			2006–2007		
		Number	Percentage	Statewide Average	Number	Percentage	Statewide Average
1	Administrative	3/3	100%	98%	3/3	100%	92%
2	Providers	10/11	91%	94%	10/11	91%	90%
3	Members	6/7	86%	90%	5/7	71%	87%
4	Quality	11/12	92%	94%	10/12	83%	92%
5	Management Information and Data Reporting	3/5	60%	75%	4/5	80%	71%
6	Fraud and Abuse	8/8	100%	95%	8/8	100%	92%
Overall		89%		92%	87%		89%

UCH demonstrated compliance with all contractual requirements related to the Administrative and Fraud and Abuse standards for both review periods. On the Providers standard, **UCH**'s performance stayed the same for both annual reviews, with corrective action needed on subcontracts in 2005–2006 and, having addressed that recommendation, on the provider directory in 2006–2007. On the Management Information and Data Reporting standard, **UCH**'s performance improved, with new corrective action needed to submit complete reports in a timely fashion. For the remaining standards of Members and Quality, **UCH**'s performance was lower on the 2006–2007 review than it was in 2005–2006, with new recommendations in the areas of the member handbook and continuing work on the member grievance and appeal policy/procedure, PIPs, and continued efforts on the performance measures. **UCH**'s performance improved in some areas and exceeded the statewide averages for most standards on the 2006–2007 review, but remained lower than the statewide average overall.

Performance Measures

As set forth in 42 CFR 438.358, the primary objectives of the performance measure validation process are to evaluate the accuracy of the performance measure data collected by the MHP and determine the extent to which the specific performance measures calculated by the MHP (or on behalf of the MHP) followed the specifications established for each performance measure. To meet the two primary objectives of the validation activity, a measure-specific review of all reported measures was performed, as well as a thorough information system evaluation to assess the ability of each MHP's support system to report accurate HEDIS measures. The results of this assessment are presented in Table J-2. The table shows each of the performance measures, the rates for each measure for 2006 and 2007, and the categorized performance for 2007 relative to national Medicaid results.

Table J-2—OCH Scores for Performance Measures				
Dimensions	Performance Measures	Rate for 2006	Rate for 2007	Performance Level for 2007
Pediatric Care	<i>Childhood Immunization—Combo 2</i>	72.0%	79.9%	★★
	<i>Childhood Immunization—Combo 3</i>	24.1%	51.9%	★★
	<i>Adolescent Immunization—Combo 2</i>	47.9%	59.7%	★★
	<i>Well-Child 1st 15 Months—0 Visits*</i>	0.9%	0.9%	★★
	<i>Well-Child 1st 15 Months—6+ Visits</i>	45.1%	50.9%	★★
	<i>Well-Child 3rd–6th Years of Life</i>	65.8%	72.2%	★★
	<i>Adolescent Well-Care Visits</i>	39.6%	50.2%	★★
	<i>Appropriate Treatment of URI</i>	77.8%	79.7%	★★
	<i>Children With Pharyngitis</i>	28.3%	32.3%	★
Women's Care	<i>Breast Cancer Screening—42 to 51 Years</i>	**	40.1%	†
	<i>Breast Cancer Screening—52 to 69 Years</i>	49.2%	52.6%	★★
	<i>Breast Cancer Screening—Combined</i>	**	46.1%	†
	<i>Cervical Cancer Screening</i>	65.4%	66.7%	★★
	<i>Chlamydia Screening—16 to 20 Years</i>	62.3%	64.4%	★★★
	<i>Chlamydia Screening—21 to 25 Years</i>	70.8%	72.4%	★★★
	<i>Chlamydia Screening—Combined</i>	65.9%	67.7%	★★★
	<i>Timeliness of Prenatal Care</i>	81.9%	84.1%	★★
	<i>Postpartum Care</i>	47.2%	50.7%	★★
<p>* Lower rates are better for this measure.</p> <p>**Changes were made to these measures' specifications; therefore, the 2007 rates are not comparable to the previous year's rates or national benchmarks.</p> <p>† National percentiles are not available for these measures.</p> <p>★ = Below-average performance relative to national Medicaid results.</p> <p>★★ = Average performance relative to national Medicaid results.</p> <p>★★★ = Above-average performance relative to national Medicaid results.</p>				

Table J-2—OCH Scores for Performance Measures				
Dimensions	Performance Measures	Rate for 2006	Rate for 2007	Performance Level for 2007
Living With Illness	<i>Diabetes Care—HbA1c Testing</i>	71.0%	78.8%	★★
	<i>Diabetes Care—Poor HbA1c Control*</i>	53.7%	49.9%	★★
	<i>Diabetes Care—Eye Exam</i>	33.1%	47.8%	★★
	<i>Diabetes Care—LDL-C Screening</i>	**	74.8%	**
	<i>Diabetes Care—LDL-C Level <100</i>	**	34.9%	**
	<i>Diabetes Care—Nephropathy</i>	**	83.4%	**
	<i>Asthma—5 to 9 Years</i>	81.7%	77.9%	★
	<i>Asthma—10 to 17 Years</i>	82.1%	75.1%	★
	<i>Asthma—18 to 56 Years</i>	85.8%	86.0%	★★
	<i>Asthma—Combined Rate</i>	84.0%	81.2%	★
	<i>Controlling High Blood Pressure—18 to 45 Years</i>	**	43.5%	†
	<i>Controlling High Blood Pressure—46 to 85 Years</i>	47.0%	44.2%	★
	<i>Controlling High Blood Pressure—Combined</i>	**	44.0%	†
	<i>Advising Smokers to Quit</i>	67.3%	69.9%	†
	<i>Discussing Smoking Cessation Strategies</i>	32.9%	34.6%	†
Access to Care	<i>Children's Access—12 to 24 Months</i>	86.8%	90.2%	★
	<i>Children's Access—25 Months to 6 Years</i>	69.9%	73.7%	★
	<i>Children's Access—7 to 11 Years</i>	68.9%	73.8%	★
	<i>Adolescents' Access—12 to 19 Years</i>	67.5%	70.8%	★
	<i>Adults' Access—20 to 44 Years</i>	70.8%	74.5%	★★
	<i>Adults' Access—45 to 64 Years</i>	79.8%	81.7%	★★
<p>* Lower rates are better for this measure.</p> <p>**Changes were made to these measures' specifications; therefore, the 2007 rates are not comparable to the previous year's rates or national benchmarks.</p> <p>† National percentiles are not available for these measures.</p> <p>★ = Below-average performance relative to national Medicaid results.</p> <p>★★ = Average performance relative to national Medicaid results.</p> <p>★★★ = Above-average performance relative to national Medicaid results.</p>				

Table J-2 shows **OCH**'s rates were above the national Medicaid HEDIS 2006 90th percentile for three of the performance measures. The above-average rates were for all three measures for **Chlamydia Screening**. These measures represented relative areas of strength for **OCH**.

The table also shows that the rates for 18 of the performance measures were about average, falling between the national Medicaid HEDIS 2006 25th and 90th percentiles.

Nine of the rates were below national Medicaid HEDIS 2006 25th percentiles. These rates were for: *Appropriate Testing for Children With Pharyngitis*, *Controlling High Blood Pressure—46 to 85 Years*, *Use of Appropriate Medications for People With Asthma—5 to 9 Years*, *Use of Appropriate Medications for People With Asthma—10 to 17 Years*, *Use of Appropriate Medications for People With Asthma—Combined Rate*, *Children's Access to Primary Care Practitioners—12 to 24 Months*, *Children's Access to Primary Care Practitioners—25 Months to 6 Years*, *Children's Access to*

Primary Care Practitioners—7 to 11 Years, and Adolescents' Access to Primary Care Practitioners—12 to 19 Years. The finding suggests opportunities for improvement for these performance measures for **OCH**. Of note, three of the nine measures that performed below average were within *Use of Appropriate Medications for People With Asthma* and four measures were within *Children's and Adolescents' Access to Primary Care Practitioners*.

From a quality improvement perspective, differences in rates need to be evaluated from year to year. For 2007, the rates improved or remained the same for 28 of the performance measures from 2006 to 2007. The largest increase was 27.8 percentage points for *Childhood Immunization Status—Combo 3*.

The rates decreased for four of the performance measures from 2006 to 2007. The declining measures were: *Controlling High Blood Pressure—46 to 85 Years*, *Use of Appropriate Medications for People With Asthma—5 to 9 Years*, *Use of Appropriate Medications for People With Asthma—10 to 17 Years* and *Use of Appropriate Medications for People With Asthma—Combined Rate*. Three of the four measures were within *Use of Appropriate Medications for People With Asthma*, suggesting a focused opportunity for improvement for **OCH**. There was also an opportunity for improvement for the fourth measure with a below-average rate, *Controlling High Blood Pressure—46 to 85 Years*.

Validation of Performance Improvement Projects (PIPs)

Table J-3 presents the scoring for each of the activities in the CMS PIP Protocol. The table shows the number of elements within each activity and, of those, the number that were scored as *Met*, *Partially Met*, *Not Met*, or *NA*; the total percentage scores for evaluation and critical elements *Met*; and the validation status for the PIP.

For the 2006–2007 PIP validation, MDCH allowed the MHPs to select a different topic than the previously mandated blood lead testing PIP. **OCH** chose to start a new PIP on comprehensive diabetes care.

Table J-3—PIP Two-Year Activity Scores for OCH

Activity	Number of Elements	2005–2006 Validation				2006–2007 Validation			
		<i>Met</i>	<i>Part. Met</i>	<i>Not Met</i>	<i>NA</i>	<i>Met</i>	<i>Part. Met</i>	<i>Not Met</i>	<i>NA</i>
Activity I—Appropriate Study Topic	6	6	0	0	0	6	0	0	0
Activity II—Clearly Defined, Answerable Study Question	2	2	0	0	0	2	0	0	0
Activity III—Clearly Defined Study Indicator(s)	7	6	0	0	1	6	0	0	1
Activity IV—Correctly Identified Study Population	3	3	0	0	0	3	0	0	0
Activity V—Valid Sampling Techniques (if sampling was used)	6	6	0	0	0	6	0	0	0
Activity VI—Accurate/Complete Data Collection	11	5	1	0	5	11	0	0	0
Activity VII—Appropriate Improvement Strategies	4	Not Assessed				2	0	0	2
Activity VIII—Sufficient Data Analysis and Interpretation	9	Not Assessed				Not Assessed			
Activity IX—Real Improvement Achieved	4	Not Assessed				Not Assessed			
Activity X—Sustained Improvement Achieved	1	Not Assessed				Not Assessed			
Totals for all Activities	53	28	1	0	6	36	0	0	3
Percentage Score of Evaluation Elements <i>Met</i>	97%					100%			
Percentage Score of Critical Elements <i>Met</i>	100%					100%			
Validation Status	<i>Met</i>					<i>Met</i>			

In 2005–2006, **OCH** progressed through Activity VI with a validation status of *Met*, an overall score of 97 percent and a score of 100 percent for critical elements for the blood lead testing PIP. The 2006–2007 validation of Activities I through VII for the new comprehensive diabetes care PIP resulted in a validation status of *Met* with an overall score of 100 percent and a score of 100 percent for critical elements. **OCH** demonstrated compliance with all applicable requirements of the CMS protocol for conducting PIPs for Activities I through VII in the 2006–2007 validation, and no opportunities for improvement were identified for **OCH**. Based on the results of the 2006–2007 validation, there was high confidence that the PIP will produce valid results.

Consumer Assessment of Healthcare Providers and Systems (CAHPS)

The detailed results for **OCH**'s composite CAHPS scores are shown in Table J-4. The table presents each of the CAHPS measures, the top-box percentages for 2006 and 2007, the three-point mean scores for 2006 and 2007, and the overall performance levels for 2007.

Table J-4—OCH Detailed Results for the CAHPS Child and Adult Composite Scores					
CAHPS Measures	Top-Box Percentage		Three-Point Mean Scores		Performance Level for 2007
	2006	2007	2006	2007	
Child [†]					
Getting Needed Care	73.9%	76.7%	2.60	2.68	★
Getting Care Quickly	47.8%	48.5%	2.16	2.16	★
How Well Doctors Communicate	69.4%	68.8%	2.57	2.55	★
Courteous and Helpful Office Staff	67.2%	67.9%	2.51	2.56	★
Customer Service	NA	NA	NA	NA	NA
Adult					
Getting Needed Care ^{††}	††	48.9%	††	2.29	††
Getting Care Quickly ^{††}	††	54.1%	††	2.29	††
How Well Doctors Communicate	60.7%	68.0%	2.43	2.50	★★
Customer Service ^{††}	††	NA	††	NA	††
Shared Decision Making	—	56.9%	—	2.44	—
Notes:					
The top-box percentage indicates the percentage of responses of “Always,” “Definitely Yes,” or “Not a Problem.”					
Performance levels are based on accreditation benchmarks and thresholds for the adult Medicaid population and the distribution of NCQA national survey results for the child Medicaid population.					
† Child results for 2006 reflect 2005 data due to the measure being rotated in 2006.					
†† Due to changes from the CAHPS Adult 3.0H to the Adult 4.0H survey, these composites are not comparable to the previous year’s results or national benchmarks.					
— The Shared Decision Making composite is a new measure for 2007.					
NA Composites that do not meet the minimum number of 100 responses are denoted as Not Applicable (NA).					
★ = Below-average performance (<25th percentile) relative to national Medicaid results.					
★★ = Average performance (≥25th to <75th percentile) relative to national Medicaid results.					
★★★ = Above-average performance (≥ 75th percentile) relative to national Medicaid results.					

OCH showed below-average performance on all four comparable 2007 child CAHPS composite measures, indicating several opportunities to improve member satisfaction. For the only comparable 2007 adult CAHPS composite measure, *How Well Doctors Communicate*, **OCH** showed average performance. A comparison of the 2007 three-point mean scores to the 2006 three-point mean scores revealed an increase on three of the five comparable measures for the child and adult populations combined.

OCH's detailed scores for global ratings are presented in Table J-5. The table shows each of the four CAHPS global measures, the top-box percentages for 2006 and 2007, the three-point mean scores for 2006 and 2007, and the overall performance level for 2007.

Table J-5—OCH Detailed Scores for CAHPS Child and Adult Global Ratings					
CAHPS Measures	Top-Box Percentage		Three-Point Mean Scores		Performance Level for 2007
	2006	2007	2006	2007	
Child [†]					
Rating of All Health Care	57.1%	59.8%	2.40	2.44	★
Rating of Personal Doctor	63.3%	67.8%	2.47	2.60	★★★
Rating of Specialist Seen Most Often	NA	NA	NA	NA	NA
Rating of Health Plan	52.2%	58.4%	2.33	2.42	★
Adult					
Rating of All Health Care	53.2%	46.5%	2.35	2.19	★
Rating of Personal Doctor	60.6%	57.7%	2.44	2.40	★★
Rating of Specialist Seen Most Often	55.2%	43.0%	2.33	2.21	★
Rating of Health Plan	54.3%	50.0%	2.34	2.29	★★
Notes:					
The top-box percentage indicates the percentage of respondents rating 9 or 10 on a scale of 0 to 10.					
Performance levels are based on accreditation benchmarks and thresholds for the adult Medicaid population and the distribution of NCQA national survey results for the child Medicaid population.					
† Child results for 2006 reflect 2005 data due to the measure being rotated in 2006.					
NA Global ratings that do not meet the minimum number of 100 responses are denoted as Not Applicable (NA).					
★ = Below-average performance (<25th percentile) relative to national Medicaid results.					
★★ = Average performance (≥25th to <75th percentile) relative to national Medicaid results.					
★★★ = Above-average performance (≥ 75th percentile) relative to national Medicaid results.					

OCH's three-point mean scores and top-box percentages increased for all the comparable child CAHPS global ratings from 2006 to 2007. However, two of the three comparable global ratings, *Rating of All Health Care* and *Rating of Health Plan*, showed below-average performance compared to NCQA national survey results. These areas of below-average performance could be targeted for quality improvement activities aimed at improving member satisfaction.

OCH showed average performance on two out of the four adult CAHPS global ratings: *Rating of Personal Doctor* and *Rating of Health Plan*. Below-average performance on the remaining two measures, *Rating of All Health Care* and *Rating of Specialist Seen Most Often*, indicated that opportunities still exist to improve member satisfaction. A comparison of the 2007 three-point mean scores to the 2006 three-point mean scores revealed an increase on all comparable measures for the child global ratings and a decrease for all the adult global ratings.

Assessment of Follow-up on Prior Recommendations

Annual Compliance Reviews

OCH successfully addressed three of the five recommendations for improvement from the 2005–2006 site visit. **OCH** implemented a corrective action to plan to ensure compliance with the contractual requirements to notify MDCH of any changes in its subcontractors. **OCH** also improved its claims payment and provider file reporting processes to meet the timeliness and accuracy standards. **OCH** should complete the revision and approval process for its member appeal and grievance policy and continue to work toward meeting all performance measure standards.

Performance Measures

OCH's 2006 rates were below the 25th percentile for the following measures: *Appropriate Testing for Children With Pharyngitis*, *Postpartum Care*, *Comprehensive Diabetes Care—Eye Exam*, *Controlling High Blood Pressure*, and all four of the measures within *Children's and Adolescent's Access to Primary Care Practitioners*. The below-average performance for these measures indicated an opportunity for improvement in these areas of care. For measures addressing postpartum care, access to primary care, and diabetes, incentives were offered to providers based on their performance on the HEDIS measures. In addition, for postpartum care, **OCH** tracked member delivery dates, made follow-up calls to remind members to make a postpartum appointment, and provided a cheat sheet to improve compliance with coding. Other activities conducted for the access-to-care measures included member incentives and community birthday parties to encourage mothers to bring their children in for care. To improve eye exams, reminders were sent to diabetic patients. No improvement efforts were mentioned in **OCH**'s Quality Program Annual Evaluation that addressed the pharyngitis or blood pressure measures.

Performance Improvement Projects (PIPs)

The 2005–2006 validation resulted in one recommendation for **OCH**. Although the data was provided by MDCH and there were processes in place to ensure data completeness and accuracy, **OCH** must describe how it reconciles data internally and provide a percentage score for data completeness. **OCH** successfully addressed this recommendation in its 2006–2007 PIP submission, which resulted in compliance with all applicable evaluation and critical elements.

Recommendations and Summary Assessment Related to Quality, Timeliness, and Access

The current review of **OCH** showed both strengths and opportunities for improvement.

The annual compliance review assessed **OCH**'s performance on six standards, which addressed the **quality** and **timeliness** of, and **access** to, services provided by the MHP. **OCH**'s strongest performance of a 100 percent *NF* score was found on the Administrative standard, which addressed the domain of **quality**, and the Fraud and Abuse standard, which addressed the domains of **quality**, **timeliness**, and **access**. **OCH** demonstrated strengths in the other areas reviewed by meeting most of the contractual requirements for each standard. **OCH**'s compliance review also identified opportunities for improvement across all three of the domains of **quality**, **timeliness**, and **access**. On the Providers and Members standards, which assessed the domains of **quality**, **timeliness**, and **access**, **OCH** should revise its provider directory and make the updated directory available to its members. **OCH** should also revise its member appeals policy and update its member handbook with the new member appeals policy/procedure information. On the Quality standard, which addressed **quality** and **access**, **OCH** should implement the diabetes care PIP and continue its efforts to meet the minimum performance levels for childhood immunizations and for well-child visits during the first 15 months of life and from 3 to 6 years of age. On the Management Information and Data Reporting standard, which addressed **quality** and **timeliness**, **OCH** should take action to ensure that complete reports are submitted in a timely fashion.

For performance measure validation in the **timeliness** domain, average performance was seen overall. None of the **timeliness** domain measures exceeded the 90th percentile or fell below the 25th percentile. The **access** domain, on the other hand, had below-average performance. Four of the eight **access** domain measures had rates below the 25th percentile. All four were within *Children's and Adolescents' Access to Primary Care Practitioners*. The **quality** domain had mixed results. All three of the *Chlamydia Screening* measures were above the 90th percentile, while nine of the rates fell below the 25th percentile (three of the *Use of Appropriate Medications for People With Asthma* measures, all four of the *Children's and Adolescents' Access to Primary Care Practitioners* measures, *Controlling High Blood Pressure—46 to 85 Years*, and *Appropriate Testing for Children With Pharyngitis*). **OCH** should focus improvement efforts on these areas of care that fell below the 25th percentile. One strategy that **OCH** could consider to help improve access to primary care includes conducting an appointment access and physician availability study in to ensure that members can obtain necessary care. For the asthma, pharyngitis, and blood pressures measures **OCH** could provide physicians and clinical staff with clinical practice guidelines and could publish articles in physician newsletters that provide information on appropriate care methods.

The EQR activities related to the validation of PIPs addressed the validity and reliability of the MHP's processes for conducting valid PIPs. Therefore, all PIPs were assigned to the **quality** domain. **OCH** demonstrated strong performance related to the quality of its PIP and a thorough understanding of the requirements for Activities I through VII of the CMS protocol for conducting PIPs. As **OCH** progresses in its new PIP, future validations will evaluate **OCH**'s compliance with the requirements of the remaining PIP activities.

In the CAHPS domain of **quality**, **OCH** had average or above-average performance on 4 of the 12 comparable measures. **OCH** demonstrated below-average performance across both the **access** and **timeliness** domains, based only on an evaluation of the child population. Measures that show below-average performance represent the largest opportunity for quality improvement. For both the adult and child populations, the largest opportunity for quality improvement was *Rating of All Health Care*. To improve the overall *Rating of All Health Care* measure, quality improvement activities could target member satisfaction with physicians, member perception of access to care, experience with care, and experience with the health plan.

Appendix K. Findings—Physicians Health Plan of Mid-Michigan Family Care

Annual Compliance Review

According to 42 CFR 438.358, the State or its EQRO must conduct a review to determine the Medicaid managed care organizations' compliance with standards established by the State for access to care, structure and operations, and quality measurement and improvement. Table K-1 shows the results of the on-site reviews conducted by MDCH in 2005–2006 and 2006–2007: the number and percentage of criteria scored *No Findings* and the statewide average for each of the six standards.

Table K-1—Compliance Review Results <i>for</i> PMD							
Criteria Scored <i>No Findings</i>							
Standard		2005–2006			2006–2007		
		Number	Percentage	Statewide Average	Number	Percentage	Statewide Average
1	Administrative	3/3	100%	98%	3/3	100%	92%
2	Providers	11/11	100%	94%	11/11	100%	90%
3	Members	5/7	71%	90%	6/7	86%	87%
4	Quality	11/12	92%	94%	11/12	92%	92%
5	Management Information and Data Reporting	3/5	60%	75%	3/5	60%	71%
6	Fraud and Abuse	8/8	100%	95%	8/8	100%	92%
Overall		89%		92%	91%		89%

PMD demonstrated compliance with all contractual requirements related to the Administrative, Providers, and Fraud and Abuse standards for both review periods. In 2006–2007, **PMD** improved its performance on the Members standard and met all but the one element that addressed the member handbook. On the Quality and Management Information and Data Reporting standards, **PMD**'s performance remained at the same level, with continuing recommendations related to the performance measures, report timeliness, and claims payment process. **PMD**'s performance exceeded the statewide averages for half the standards, while performance on the remaining standards was lower than the statewide average in both 2005–2006 and 2006–2007. **PMD** improved its overall performance to exceed the statewide average in the 2006–2007 annual review.

Performance Measures

As set forth in 42 CFR 438.358, the primary objectives of the performance measure validation process are to evaluate the accuracy of the performance measure data collected by the MHP and determine the extent to which the specific performance measures calculated by the MHP (or on behalf of the MHP) followed the specifications established for each performance measure. To meet the two primary objectives of the validation activity, a measure-specific review of all reported measures was performed, as well as a thorough information system evaluation to assess the ability of each MHP's support system to report accurate HEDIS measures. The results of this assessment are presented in Table K-2. The table shows each of the performance measures, the rates for each measure for 2006 and for 2007, and the categorized performance for 2007 relative to national Medicaid results.

Table K-2—PMD Scores for Performance Measures				
Dimensions	Performance Measures	Rate for 2006	Rate for 2007	Performance Level for 2007
Pediatric Care	<i>Childhood Immunization—Combo 2</i>	77.6%	82.0%	★★
	<i>Childhood Immunization—Combo 3</i>	41.6%	73.5%	★★★
	<i>Adolescent Immunization—Combo 2</i>	72.3%	75.4%	★★★
	<i>Well-Child 1st 15 Months—0 Visits*</i>	1.3%	1.4%	★★
	<i>Well-Child 1st 15 Months—6+ Visits</i>	43.3%	49.2%	★★
	<i>Well-Child 3rd–6th Years of Life</i>	67.6%	67.6%	★★
	<i>Adolescent Well-Care Visits</i>	47.7%	47.7%	★★
	<i>Appropriate Treatment of URI</i>	79.8%	76.6%	★
	<i>Children With Pharyngitis</i>	48.0%	59.2%	★★
Women's Care	<i>Breast Cancer Screening—42 to 51 Years</i>	**	46.4%	†
	<i>Breast Cancer Screening—52 to 69 Years</i>	54.8%	52.4%	★★
	<i>Breast Cancer Screening—Combined</i>	**	49.1%	†
	<i>Cervical Cancer Screening</i>	74.5%	68.6%	★★
	<i>Chlamydia Screening—16 to 20 Years</i>	64.4%	67.2%	★★★
	<i>Chlamydia Screening—21 to 25 Years</i>	64.2%	65.7%	★★
	<i>Chlamydia Screening—Combined</i>	64.3%	66.5%	★★★
	<i>Timeliness of Prenatal Care</i>	86.4%	85.6%	★★
	<i>Postpartum Care</i>	62.5%	62.6%	★★
<p>* Lower rates are better for this measure.</p> <p>**Changes were made to these measures' specifications; therefore, the 2007 rates are not comparable to the previous year's rates or national benchmarks.</p> <p>† National percentiles are not available for these measures.</p> <p>★ = Below-average performance relative to national Medicaid results.</p> <p>★★ = Average performance relative to national Medicaid results.</p> <p>★★★ = Above-average performance relative to national Medicaid results.</p>				

Table K-2—PMD Scores for Performance Measures				
Dimensions	Performance Measures	Rate for 2006	Rate for 2007	Performance Level for 2007
Living With Illness	<i>Diabetes Care—HbA1c Testing</i>	82.5%	83.0%	★★
	<i>Diabetes Care—Poor HbA1c Control*</i>	34.3%	38.0%	★★
	<i>Diabetes Care—Eye Exam</i>	68.1%	67.8%	★★
	<i>Diabetes Care—LDL-C Screening</i>	**	77.1%	**
	<i>Diabetes Care—LDL-C Level <100</i>	**	46.0%	**
	<i>Diabetes Care—Nephropathy</i>	**	78.2%	**
	<i>Asthma—5 to 9 Years</i>	92.7%	90.4%	★★
	<i>Asthma—10 to 17 Years</i>	90.3%	89.3%	★★
	<i>Asthma—18 to 56 Years</i>	86.4%	94.5%	★★★
	<i>Asthma—Combined Rate</i>	89.0%	91.8%	★★
	<i>Controlling High Blood Pressure—18 to 45 Years</i>	**	62.9%	†
	<i>Controlling High Blood Pressure—46 to 85 Years</i>	65.4%	57.6%	★★
	<i>Controlling High Blood Pressure—Combined</i>	**	59.4%	†
	<i>Advising Smokers to Quit</i>	74.7%	77.5%	†
	<i>Discussing Smoking Cessation Strategies</i>	49.4%	48.8%	†
Access to Care	<i>Children's Access—12 to 24 Months</i>	93.2%	95.0%	★★
	<i>Children's Access—25 Months to 6 Years</i>	81.9%	81.2%	★★
	<i>Children's Access—7 to 11 Years</i>	80.8%	84.5%	★★
	<i>Adolescents' Access—12 to 19 Years</i>	80.7%	81.8%	★★
	<i>Adults' Access—20 to 44 Years</i>	79.6%	80.5%	★★
	<i>Adults' Access—45 to 64 Years</i>	85.7%	86.1%	★★
<p>* Lower rates are better for this measure.</p> <p>**Changes were made to these measures' specifications; therefore, the 2007 rates are not comparable to the previous year's rates or national benchmarks.</p> <p>† National percentiles are not available for these measures.</p> <p>★ = Below-average performance relative to national Medicaid results.</p> <p>★★ = Average performance relative to national Medicaid results.</p> <p>★★★ = Above-average performance relative to national Medicaid results.</p>				

Table K-2 shows that **PMD**'s rates were above the national Medicaid HEDIS 2006 90th percentile rates for five of the performance measures. The above-average rates were: *Childhood Immunization Status—Combo 3*, *Adolescent Immunization Status—Combo 2*, *Chlamydia Screening in Women—16 to 20 Years*, *Chlamydia Screening in Women—Combined Rate*, and *Use of Appropriate Medications for People With Asthma—18 to 56 Years*. Notably, two of the above-average rates were for immunizations and two rates were for chlamydia testing. These five above-average measures represented relative areas of strength for **PMD**.

The table also shows that the rates for 24 of the performance measures were about average, falling between the national Medicaid HEDIS 2006 25th and 90th percentiles.

One measure had a rate below the national Medicaid HEDIS 2006 25th percentile. This rate was for *Appropriate Treatment for Children With URI*. The finding suggested an opportunity for improvement for **PMD**.

From a quality improvement perspective, differences in rates need to be evaluated from year to year. For 2007, the rates improved or remained the same for 20 of the performance measures from 2006 to 2007. However, two of the measures were rotated. A rotated measure is one for which the MHP exercised the NCQA-approved option to use the audited and reportable rate from the prior year. The largest increase was 31.9 percentage points for *Childhood Immunization Status—Combo 3*.

The rates decreased for 12 of the performance measures over the previous year. The declining measures included both *Cancer Screening* measures, two from *Comprehensive Diabetes Care*, and two from *Use of Appropriate Medications for People With Asthma*. The other six declining rates were: *Appropriate Treatment for Children With URI*, *Controlling High Blood Pressure—46 to 85 Years*, *Medical Assistance With Smoking Cessation—Discussing Smoking Cessation Strategies*, *Well-Child Visits in the First 15 Months of Life—Zero Visits* (where an increase in a rate indicates lower performance), *Timeliness of Prenatal Care*, and *Children's Access to Primary Care Practitioners—25 Months to 6 Years*. These findings suggested widespread opportunities for improvement within the current performance measures for **PMD**.

Validation of Performance Improvement Projects (PIPs)

Table K-3 presents the scoring for each of the activities in the CMS PIP Protocol. The table shows the number of elements within each activity and, of those, the number that were scored as *Met*, *Partially Met*, *Not Met*, or *NA*; the total percentage scores for evaluation and critical elements *Met*; and the validation status for the PIP.

Table K-3—PIP Two-Year Activity Scores for PMD									
Activity	Number of Elements	2005–2006 Validation				2006–2007 Validation			
		Met	Part. Met	Not Met	NA	Met	Part. Met	Not Met	NA
Activity I—Appropriate Study Topic	6	6	0	0	0	6	0	0	0
Activity II—Clearly Defined, Answerable Study Question	2	2	0	0	0	2	0	0	0
Activity III—Clearly Defined Study Indicator(s)	7	5	1	0	1	6	0	0	1
Activity IV—Correctly Identified Study Population	3	3	0	0	0	3	0	0	0
Activity V—Valid Sampling Techniques (if sampling was used)	6	6	0	0	0	0	0	0	6
Activity VI—Accurate/Complete Data Collection	11	5	1	0	5	6	0	0	5
Activity VII—Appropriate Improvement Strategies	4	3	0	0	1	3	0	0	1
Activity VIII—Sufficient Data Analysis and Interpretation	9	7	0	2	0	8	0	0	1
Activity IX—Real Improvement Achieved	4	2	0	1	1	4	0	0	0
Activity X—Sustained Improvement Achieved	1	Not Assessed				1	0	0	0
Totals for all Activities	53	39	2	3	8	39	0	0	14
Percentage Score of Evaluation Elements Met	89%					100%			
Percentage Score of Critical Elements Met	92%					100%			
Validation Status	Partially Met					Met			

In 2005–2006, **PMD** progressed through Activity IX with a validation status of *Partially Met*, an overall score of 89 percent and a score of 92 percent for critical elements. The results of the 2006–2007 validation reflected progress and improvement. Validation of Activities I through X resulted in a validation status of *Met* with an overall score of 100 percent and a score of 100 percent for critical elements. **PMD** addressed the recommendations for the elements that were not fully met in Activities VI, VIII and IX to demonstrate compliance with all applicable requirements of the CMS protocol for conducting PIPs. In the 2006–2007 validation, no opportunities for improvement for **PMD** were identified. Based on the results of the 2006–2007 validation, there was high confidence that the PIP produced valid results.

Consumer Assessment of Healthcare Providers and Systems (CAHPS)

The detailed results for **PMD**'s composite CAHPS scores are shown in Table K-4. The table presents each of the CAHPS measures, the top-box percentages for 2006 and 2007, the three-point mean scores for 2006 and 2007, and the overall performance levels for 2007.

Table K-4—PMD Detailed Results for the CAHPS Child and Adult Composite Scores					
CAHPS Measures	Top-Box Percentage		Three-Point Mean Scores		Performance Level for 2007
	2006	2007	2006	2007	
Child [†]					
<i>Getting Needed Care</i>	76.9%	79.2%	2.69	2.72	★★
<i>Getting Care Quickly</i>	55.5%	51.3%	2.37	2.30	★★
<i>How Well Doctors Communicate</i>	68.6%	67.2%	2.61	2.59	★★
<i>Courteous and Helpful Office Staff</i>	71.4%	72.4%	2.65	2.65	★★
<i>Customer Service</i>	71.1%	NA	2.65	NA	NA
Adult					
<i>Getting Needed Care</i> ^{††}	††	51.4%	††	2.30	††
<i>Getting Care Quickly</i> ^{††}	††	54.2%	††	2.35	††
<i>How Well Doctors Communicate</i>	60.7%	64.7%	2.47	2.51	★★★
<i>Customer Service</i> ^{††}	††	52.2%	††	2.29	††
<i>Shared Decision Making</i>	—	56.1%	—	2.45	—
Notes:					
The top-box percentage indicates the percentage of responses of “Always,” “Definitely Yes,” or “Not a Problem.”					
Performance levels are based on accreditation benchmarks and thresholds for the adult Medicaid population and the distribution of NCQA national survey results for the child Medicaid population.					
† Child results for 2006 reflect 2005 data due to the measure being rotated in 2006.					
†† Due to changes from the CAHPS Adult 3.0H to the Adult 4.0H survey, these composites are not comparable to the previous year’s results or national benchmarks.					
— The Shared Decision Making composite is a new measure for 2007.					
NA Composites that do not meet the minimum number of 100 responses are denoted as Not Applicable (NA).					
★ = Below-average performance (<25th percentile) relative to national Medicaid results.					
★★ = Average performance (≥25th to <75th percentile) relative to national Medicaid results.					
★★★ = Above-average performance (≥ 75th percentile) relative to national Medicaid results.					

PMD showed average performance on all four comparable 2007 child CAHPS composite measures. For the only comparable 2007 adult CAHPS composite measure, *How Well Doctors Communicate*, **PMD** showed above-average performance. A comparison of the 2007 three-point mean scores to the 2006 three-point mean scores revealed an increase in two out of the five comparable measures for the child and adult populations combined.

PMD's 2007 performance level for the child survey composite scores shows consistently average three-point mean scores from a national perspective. From a quality improvement perspective, the table shows mixed performance, with substantively small increases and decreases for the top-box percentages and for the three-point mean scores. The child survey composite score measures were, therefore, assessed neither as strengths nor as opportunities for improvement for **PMD**.

The only trendable adult composite measure was *How Well Doctors Communicate*. This measure improved from MY 2006 to MY 2007 and was above average from a national perspective. For these reasons, the measure was assessed as a strength for **PMD**.

PMD's detailed scores for global ratings are presented in Table K-5. The table shows each of the four CAHPS global measures, the top-box percentages for 2006 and 2007, the three-point mean scores for 2006 and 2007, and the overall performance level for 2007.

Table K-5—PMD Detailed Scores for CAHPS Child and Adult Global Ratings					
CAHPS Measures	Top-Box Percentage		Three-Point Mean Scores		Performance Level for 2007
	2006	2007	2006	2007	
Child [†]					
Rating of All Health Care	66.3%	59.8%	2.58	2.49	★
Rating of Personal Doctor	63.0%	62.6%	2.54	2.52	★★
Rating of Specialist Seen Most Often	54.3%	NA	2.38	NA	NA
Rating of Health Plan	61.9%	63.3%	2.51	2.52	★★
Adult					
Rating of All Health Care	61.1%	47.4%	2.47	2.22	★
Rating of Personal Doctor	59.6%	63.0%	2.42	2.47	★★
Rating of Specialist Seen Most Often	56.0%	63.6%	2.34	2.43	★★
Rating of Health Plan	56.6%	51.8%	2.39	2.31	★★
Notes:					
The top-box percentage indicates the percentage of respondents rating 9 or 10 on a scale of 0 to 10.					
Performance levels are based on accreditation benchmarks and thresholds for the adult Medicaid population and the distribution of NCQA national survey results for the child Medicaid population.					
† Child results for 2006 reflect 2005 data due to the measure being rotated in 2006.					
NA Global ratings that do not meet the minimum number of 100 responses are denoted as Not Applicable (NA).					
★ = Below-average performance (<25th percentile) relative to national Medicaid results.					
★★ = Average performance (≥25th to <75th percentile) relative to national Medicaid results.					
★★★ = Above-average performance (≥ 75th percentile) relative to national Medicaid results.					

PMD's three-point mean scores and top-box percentages increased for one of the three comparable child CAHPS global ratings from 2006 to 2007. Furthermore, one of the three comparable global ratings, *Rating of All Health Care*, showed below-average performance compared to NCQA national survey results. This area of below-average performance could be targeted for quality improvement activities aimed at improving member satisfaction.

PMD showed average performance on three of the four adult CAHPS global ratings: *Rating of Personal Doctor*, *Rating of Specialist Seen Most Often*, and *Rating of Health Plan*. Below-average performance on *Rating of All Health Care* indicated that an opportunity still exists to improve member satisfaction. A comparison of the 2007 three-point mean scores to the 2006 three-point mean scores revealed an increase in one out of the three comparable measures for child global ratings and an increase for two of the four adult global ratings.

Assessment of Follow-up on Prior Recommendations

Annual Compliance Reviews

PMD successfully addressed three of the five recommendations for improvement from the 2005–2006 site visit. **PMD** corrected the co-pay information and submitted accurate and timely provider files 12 out of the 12 months in the reporting period. **PMD** should continue to work toward compliance with all minimum performance levels and requirements for timely submission of all reports.

Performance Measures

Since **PMD** did not perform below the 25th percentile on any of the measures in 2006, areas for improvement are those measures that fell below the 50th percentile. Based on **PMD**'s performance on the 2006 HEDIS measures compared to the national 50th percentile, **PMD** needed to implement interventions in order to improve the following measures: *Appropriate Treatment for Children With URI*, *Appropriate Testing for Children with Pharyngitis*, and *Children's and Adolescents' Access to Primary Care Practitioners*. However, no mention of activities targeted at these specific measures was identified in **PMD**'s Quality Improvement Annual Evaluation.

Performance Improvement Projects (PIPs)

For the 2005–2006 validation, HSAG made four recommendations:

- ◆ The numerator and denominator for Study Indicator 3 should be reformatted to measure the percentage of children who received a well-child visit.
- ◆ The estimated degree of automated data completeness along with the process used to determine this percentage should be included in the PIP.
- ◆ Issues that could impact the comparability of the data between measurement periods should be identified.
- ◆ Statistical testing should be performed so that statistical differences between measurement periods can be identified.

PMD successfully addressed these recommendations in the 2006–2007 submission of its PIP, which resulted in compliance with all applicable evaluation and critical elements.

Recommendations and Summary Assessment Related to Quality, Timeliness, and Access

The current review of **PMD** showed both strengths and opportunities for improvement.

The annual compliance review assessed **PMD**'s performance on six standards, which addressed the **quality** and **timeliness** of, and **access** to, services provided by the MHP. **PMD**'s strongest performance of a 100 percent *NF* score was found for the Administrative standard, which addressed the domain of **quality**, and the Providers and Fraud and Abuse standards, which addressed the domains of **quality**, **timeliness**, and **access**. **PMD** demonstrated strengths in the other areas reviewed by meeting most of the contractual requirements for the standards. **PMD**'s compliance review also identified opportunities for improvement across all three of the domains of **quality**, **timeliness**, and **access**. On the Members standard, which assessed the domains of **quality**, **timeliness**, and **access**, **PMD** should review its member handbook, submit the handbook to MDCH for approval, and then begin distribution to its enrollees. **PMD** should also continue its activities to improve the performance measure rates for well-child visits from 3 to 6 years of age and blood lead screening, as identified in the Quality standard, which addressed **quality** and **access**. On the Management Information and Data Reporting standard, which addressed **quality** and **timeliness**, **PMD** should take action to ensure that all reports are submitted on time and that the claims payment process meets all contractual requirements.

For performance measure validation, **PMD**, overall, had average performance for the **access** domain. None of the measures within this domain exceeded the 90th percentile or fell below the 25th percentile. The **timeliness** and **quality** domain exhibited above-average performance for some of the measures. Two measures in both of these domains, *Childhood Immunization Status—Combo 3* and *Adolescent Immunization Status—Combo 2*, had rates that exceeded the 90th percentile. Other measures that exceeded the 90th percentile in just the **quality** domain were: *Chlamydia Screening in Women—16 to 20 Years*, *Chlamydia Screening in Women—Combined Rate*, and *Use of Appropriate Medications for People With Asthma—18 to 56 Years*. One measure in the **quality** domain did, however, fall below the 25th percentile: *Appropriate Treatment for Children With URI*. **PMD** should focus quality strategies on improving URI treatment. Interventions for **PMD** to consider include offering physicians an incentive for high performance on this measure and providing providers and clinical staff with clinical practice guidelines.

The EQR activities related to the validation of PIPs addressed the validity and reliability of the MHP's processes for conducting valid PIPs. Therefore, all PIPs were assigned to the **quality** domain. **PMD** demonstrated strong performance related to the quality of its PIP and a thorough understanding of the requirements for all activities of the CMS protocol for conducting PIPs.

In the CAHPS domain of **quality**, **PMD** had average or above-average performance on 10 of the 12 comparable measures. **PMD** demonstrated average performance across both the **access** and **timeliness** domains, based only on an evaluation of the child population. Measures that show below-average performance represent the largest opportunity for quality improvement. For both the adult and child populations, the largest opportunity for quality improvement was in *Rating of All Health Care*. To improve the overall *Rating of All Health Care* measure, quality improvement activities could target member satisfaction with physicians, member perception of access to care, experience with care, and experience with the health plan.

Appendix L. Findings—Physicians Health Plan of Southwest Michigan

PSW terminated its Medicaid contract on August 31, 2006; therefore, no EQR activities were conducted in 2006–2007. The following sections are limited to presenting findings from the 2005–2006 EQR activities only.

Annual Compliance Review

According to 42 CFR 438.358, the State or its EQRO must conduct a review to determine the Medicaid managed care organizations' compliance with standards established by the State for access to care, structure and operations, and quality measurement and improvement. Table L-1 shows the results of the on-site reviews conducted by MDCH in 2005–2006: the number and percentage of criteria scored *No Findings* and the statewide average for each of the six standards.

Table L-1—Compliance Review Results for PSW							
Criteria Scored <i>No Findings</i>							
Standard		2005–2006			2006–2007		
		Number	Percentage	Statewide Average	Number	Percentage	Statewide Average
1	Administrative	3/3	100%	98%			
2	Providers	10/11	91%	94%			
3	Members	7/7	100%	90%			
4	Quality	11/12	92%	94%			
5	Management Information and Data Reporting	3/5	60%	75%			
6	Fraud and Abuse	8/8	100%	95%			
Overall		91%		92%			

PSW demonstrated 100 percent compliance with all contractual requirements related to the following standards: Administrative, Members, and Fraud and Abuse. On the Providers and Quality standards, **PSW** met all requirements except the following two: corrective action was needed with respect to submitting all provider contracts for review and approval, as well as improving **PSW**'s rates on some of the performance measures. Review of the Management Information and Data Reporting standard resulted in recommendations to address reports timelines and the claims payment process. **PSW**'s performance exceeded the statewide averages for half of the standards, but was slightly below average overall.

Performance Measures

As set forth in 42 CFR 438.358, the primary objectives of the performance measure validation process are to evaluate the accuracy of the performance measure data collected by the MHP and determine the extent to which the specific performance measures calculated by the MHP (or on behalf of the MHP) followed the specifications established for each performance measure. To meet the two primary objectives of the validation activity, a measure-specific review of all reported measures was performed, as well as a thorough information system evaluation to assess the ability of each MHP's support system to report accurate HEDIS measures. The results of this assessment for MY 2006, the last year that the plan was an MHP, are presented in Table L-2. The table shows the performance measures and their rate for the last year of MHP activity.

Table L-2—PSW Scores for Performance Measures				
Dimensions	Performance Measures	Rate for 2006	Rate for 2007	Performance Level for 2007
Pediatric Care	<i>Childhood Immunization—Combo 2</i>	80.5%		
	<i>Childhood Immunization—Combo 3</i>	49.4%		
	<i>Adolescent Immunization—Combo 2</i>	60.3%		
	<i>Well-Child 1st 15 Months—0 Visits*</i>	1.5%		
	<i>Well-Child 1st 15 Months—6+ Visits</i>	50.9%		
	<i>Well-Child 3rd–6th Years of Life</i>	57.9%		
	<i>Adolescent Well-Care Visits</i>	33.1%		
	<i>Appropriate Treatment of URI</i>	79.8%		
	<i>Children With Pharyngitis</i>	60.2%		
Women's Care	<i>Breast Cancer Screening—42 to 51 Years</i>	**		
	<i>Breast Cancer Screening—52 to 69 Years</i>	59.5%		
	<i>Breast Cancer Screening—Combined</i>	**		
	<i>Cervical Cancer Screening</i>	73.5%		
	<i>Chlamydia Screening—16 to 20 Years</i>	43.4%		
	<i>Chlamydia Screening—21 to 25 Years</i>	49.2%		
	<i>Chlamydia Screening—Combined</i>	46.1%		
	<i>Timeliness of Prenatal Care</i>	85.4%		
	<i>Postpartum Care</i>	66.2%		
Living With Illness	<i>Diabetes Care—HbA1c Testing</i>	87.1%		
	<i>Diabetes Care—Poor HbA1c Control*</i>	30.4%		
	<i>Diabetes Care—Eye Exam</i>	64.7%		
	<i>Diabetes Care—LDL-C Screening</i>	86.1%		
	<i>Diabetes Care—LDL-C Level <100</i>	37.5%		
	<i>Diabetes Care—Nephropathy</i>	47.2%		
	<i>Asthma—5 to 9 Years</i>	88.8%		
	<i>Asthma—10 to 17 Years</i>	93.3%		
	<i>Asthma—18 to 56 Years</i>	87.8%		
* Lower rates are better for this measure.				
** New measures for 2007; therefore, 2006 rates are not available.				

Table L-2—PSW Scores for Performance Measures				
Dimensions	Performance Measures	Rate for 2006	Rate for 2007	Performance Level for 2007
Living With Illness	<i>Asthma—Combined Rate</i>	89.7%		
	<i>Controlling High Blood Pressure—18 to 45 Years</i>	**		
	<i>Controlling High Blood Pressure—46 to 85 Years</i>	59.6%		
	<i>Controlling High Blood Pressure—Combined</i>	**		
	<i>Advising Smokers to Quit</i>	64.0%		
	<i>Discussing Smoking Cessation Strategies</i>	35.3%		
Access to Care	<i>Children’s Access—12 to 24 Months</i>	97.6%		
	<i>Children’s Access—25 Months to 6 Years</i>	85.4%		
	<i>Children’s Access—7 to 11 Years</i>	81.6%		
	<i>Adolescents’ Access—12 to 19 Years</i>	82.0%		
	<i>Adults’ Access—20 to 44 Years</i>	84.6%		
	<i>Adults’ Access—45 to 64 Years</i>	91.6%		
* Lower rates are better for this measure.				
** New measures for 2007; therefore, 2006 rates are not available.				

In 2006, **PSW** exhibited above average performance (above the 90th percentile) for the following measures: *Childhood Immunization Status—Combo 2*, *Comprehensive Diabetes Care—Poor HbA1c Control*, *Comprehensive Diabetes Care—Eye Exam*, all four of the *Use of Appropriate Medications for People With Asthma* measures, and *Adults’ Access to Preventive/Ambulatory Health Services—45 to 64 Years*. Furthermore, **PSW** did not perform below average (below the 25th percentile) for any of the 2006 performance measure.

Validation of Performance Improvement Projects (PIPs)

Table L-3 presents the scoring for each of the activities in the CMS PIP Protocol. The table shows the number of elements within each activity and, of those, the number that were scored as *Met*, *Partially Met*, *Not Met*, or *NA*; the total percentage scores for evaluation and critical elements *Met*; and the validation status for the PIP.

Table L-3—PIP Two-Year Activity Scores for PSW

Activity	Number of Elements	2005–2006 Validation				2006–2007 Validation			
		<i>Met</i>	<i>Part. Met</i>	<i>Not Met</i>	<i>NA</i>	<i>Met</i>	<i>Part. Met</i>	<i>Not Met</i>	<i>NA</i>
Activity I—Appropriate Study Topic	6	6	0	0	0				
Activity II—Clearly Defined, Answerable Study Question	2	2	0	0	0				
Activity III—Clearly Defined Study Indicator(s)	7	6	0	0	1				
Activity IV—Correctly Identified Study Population	3	3	0	0	0				
Activity V—Valid Sampling Techniques (if sampling was used)	6	6	0	0	0				
Activity VI—Accurate/Complete Data Collection	11	5	1	0	5				
Activity VII—Appropriate Improvement Strategies	4	4	0	0	0				
Activity VIII—Sufficient Data Analysis and Interpretation	9	8	0	1	0				
Activity IX—Real Improvement Achieved	4	3	0	1	0				
Activity X—Sustained Improvement Achieved	1	0	1	0	0				
Totals for all Activities	53	43	2	2	6				
Percentage Score of Evaluation Elements <i>Met</i>	91%								
Percentage Score of Critical Elements <i>Met</i>	100%								
Validation Status	<i>Met</i>								

The 2005–2006 validation of Activities I through X resulted in a validation status of *Met* with an overall score of 91 percent and a score of 100 percent for critical elements. **PSW** demonstrated compliance with all applicable requirements of the CMS protocol for conducting PIPs for Activities I through V and Activity VII. The validation identified four recommendations for improvement for Activities VI, VIII, IX, and X, primarily related to the lack of statistical testing in the PIP documentation. Based on the results of the 2005–2006 validation, there was confidence that the PIP produced valid results.

Consumer Assessment of Healthcare Providers and Systems (CAHPS)

The detailed results for PSW’s composite CAHPS scores are shown in Table L-4. The table presents each of the CAHPS measures, the top-box percentages, and the three-point mean scores for MY 2006. As the MHP was not active in MY 2007, only MY 2006 data are shown. Findings of strengths or opportunities for improvement, therefore, cannot be assessed.

Table L-4—PSW Detailed Results for the CAHPS Child and Adult Composite Scores					
CAHPS Measures	Top-Box Percentage		Three-Point Mean Scores		Performance Level for 2007
	2006	2007	2006	2007	
Child†					
Getting Needed Care	80.9%		2.73		
Getting Care Quickly	54.7%		2.34		
How Well Doctors Communicate	66.2%		2.57		
Courteous and Helpful Office Staff	69.5%		2.61		
Customer Service	NA		NA		
Adult					
Getting Needed Care	73.8%		2.62		
Getting Care Quickly	43.2%		2.15		
How Well Doctors Communicate	59.5%		2.44		
Customer Service	64.2%		2.50		
Shared Decision Making	—		—		
Notes:					
The top-box percentage indicates the percentage of responses of “Always,” “Definitely Yes,” or “Not a Problem.”					
Performance levels are based on accreditation benchmarks and thresholds for the adult Medicaid population and the distribution of NCQA national survey results for the child Medicaid population.					
† Child results for 2006 reflect 2005 data due to the measure being rotated in 2006.					
— The Shared Decision Making composite is a new measure for 2007.					
NA Composites that do not meet the minimum number of 100 responses are denoted as Not Applicable (NA).					
★ = Below-average performance (<25th percentile) relative to national Medicaid results					
★★ = Average performance (≥25th to <75th percentile) relative to national Medicaid results					
★★★ = Above-average performance (≥ 75th percentile) relative to national Medicaid results					

PSW’s child population had higher performance for the three comparable composite measures when compared to the adult population. Scores for two of the child composite measures in 2006 were below the 40th percentile when compared to NCQA’s national distribution of plan-level results, while all four of the reportable adult composite measure also fell below the 40th percentile when compared to NCQA’s benchmarks and thresholds.

The detailed results for PSW’s global CAHPS ratings are shown in Table L-5. The table presents each of the CAHPS measures, the top-box percentages, and the three-point mean scores for MY 2006. As the MHP was not active in MY 2007, only MY 2006 data are shown. Findings of strengths or opportunities for improvement, therefore, cannot be assessed.

Table L-5—PSW Detailed Scores for CAHPS Child and Adult Global Ratings					
CAHPS Measures	Top-Box Percentage		Three-Point Mean Scores		Performance Level for 2007
	2006	2007	2006	2007	
Child†					
Rating of All Health Care	59.9%		2.49		
Rating of Personal Doctor	64.8%		2.56		
Rating of Specialist Seen Most Often	NA		NA		
Rating of Health Plan	54.7%		2.40		
Adult					
Rating of All Health Care	52.3%		2.33		
Rating of Personal Doctor	53.3%		2.36		
Rating of Specialist Seen Most Often	59.3%		2.45		
Rating of Health Plan	52.1%		2.33		
Notes:					
The top-box percentage indicates the percentage of respondents rating 9 or 10 on a scale of 0 to 10.					
Performance levels are based on accreditation benchmarks and thresholds for the adult Medicaid population and the distribution of NCQA national survey results for the child Medicaid population.					
† Child results for 2006 reflect 2005 data due to the measure being rotated in 2006.					
NA Global ratings that do not meet the minimum number of 100 responses are denoted as Not Applicable (NA).					
★ = Below-average performance (<25th percentile) relative to national Medicaid results.					
★★ = Average performance (≥25th to <75th percentile) relative to national Medicaid results.					
★★★ = Above-average performance (≥ 75th percentile) relative to national Medicaid results.					

PSW’s child population had higher performance for the three comparable global ratings when compared to the adult population. Scores for two of the child global ratings in 2006 were below the 40th percentile when compared to NCQA’s national distribution of plan-level results, while all three of the four reportable adult composite measure also fell below the 40th percentile when compared to NCQA’s benchmarks and thresholds.

Assessment of Follow-up on Prior Recommendations

Follow-up on prior recommendations could not be assessed because PSW was not included in the 2006–2007 EQR activities.

Recommendations and Summary Assessment Related to Quality, Timeliness, and Access

No recommendations or conclusions can be stated because PSW was not included in the 2006–2007 EQR activities.

Appendix M. Findings—Priority Health Government Programs, Inc.

Annual Compliance Review

According to 42 CFR 438.358, the State or its EQRO must conduct a review to determine the Medicaid managed care organizations' compliance with standards established by the State for access to care, structure and operations, and quality measurement and improvement. Table M-1 shows the results of the on-site reviews conducted by MDCH in 2005–2006 and 2006–2007: the number and percentage of criteria scored *No Findings* and the statewide average for each of the six standards.

Table M-1—Compliance Review Results for PRI							
Criteria Scored <i>No Findings</i>							
Standard		2005–2006			2006–2007		
		Number	Percentage	Statewide Average	Number	Percentage	Statewide Average
1	Administrative	3/3	100%	98%	3/3	100%	92%
2	Providers	9/11	82%	94%	10/11	91%	90%
3	Members	7/7	100%	90%	6/7	86%	87%
4	Quality	12/12	100%	94%	11/12	92%	92%
5	Management Information and Data Reporting	5/5	100%	75%	3/5	60%	71%
6	Fraud and Abuse	8/8	100%	95%	6/8	75%	92%
Overall		96%		92%	85%		89%

PRI demonstrated its strongest performance on the Administrative standard, which had 100 percent *No Finding* scores in both annual reviews. In 2005–2006, **PRI** also demonstrated compliance with all contractual requirements related to the Members, Quality, Management Information and Data Reporting, and Fraud and Abuse standards. The 2006–2007 review identified areas in need of corrective action for all standards except Administrative. **PRI** received its lowest score for both annual reviews on the Management Information and Data Reporting standard. While **PRI**'s performance exceeded the statewide averages for almost all standards and overall in 2005–2006, **PRI**'s performance in 2006–2007 was mostly lower than the statewide averages.

Performance Measures

As set forth in 42 CFR 438.358, the primary objectives of the performance measure validation process are to evaluate the accuracy of the performance measure data collected by the MHP and determine the extent to which the specific performance measures calculated by the MHP (or on behalf of the MHP) followed the specifications established for each performance measure. To meet the two primary objectives of the validation activity, a measure-specific review of all reported measures was performed, as well as a thorough information system evaluation to assess the ability of each MHP's support system to report accurate HEDIS measures. The results of this assessment are presented in Table M-2. The table shows each of the performance measures, the rates for each measure for 2006 and 2007, and the categorized performance for 2007 relative to national Medicaid results.

Table M-2—PRI Scores for Performance Measures				
Dimensions	Performance Measures	Rate for 2006	Rate for 2007	Performance Level for 2007
Pediatric Care	<i>Childhood Immunization—Combo 2</i>	88.3%	88.7%	★ ★ ★
	<i>Childhood Immunization—Combo 3</i>	56.0%	81.2%	★ ★ ★
	<i>Adolescent Immunization—Combo 2</i>	69.8%	78.4%	★ ★ ★
	<i>Well-Child 1st 15 Months—0 Visits*</i>	0.7%	1.2%	★ ★
	<i>Well-Child 1st 15 Months—6+ Visits</i>	50.0%	53.5%	★ ★
	<i>Well-Child 3rd–6th Years of Life</i>	61.6%	63.7%	★ ★
	<i>Adolescent Well-Care Visits</i>	41.8%	43.3%	★ ★
	<i>Appropriate Treatment of URI</i>	88.6%	87.7%	★ ★
	<i>Children With Pharyngitis</i>	68.9%	68.9%	★ ★
Women's Care	<i>Breast Cancer Screening—42 to 51 Years</i>	**	53.0%	†
	<i>Breast Cancer Screening—52 to 69 Years</i>	56.1%	57.0%	★ ★
	<i>Breast Cancer Screening—Combined</i>	**	54.7%	†
	<i>Cervical Cancer Screening</i>	77.7%	76.0%	★ ★
	<i>Chlamydia Screening—16 to 20 Years</i>	51.7%	55.6%	★ ★
	<i>Chlamydia Screening—21 to 25 Years</i>	59.2%	62.4%	★ ★
	<i>Chlamydia Screening—Combined</i>	55.7%	59.1%	★ ★
	<i>Timeliness of Prenatal Care</i>	90.6%	86.8%	★ ★
	<i>Postpartum Care</i>	66.3%	66.3%	★ ★
<p>* Lower rates are better for this measure.</p> <p>**Changes were made to these measures' specifications; therefore, the 2007 rates are not comparable to the previous year's rates or national benchmarks.</p> <p>† National percentiles are not available for these measures.</p> <p>★ = Below-average performance relative to national Medicaid results.</p> <p>★ ★ = Average performance relative to national Medicaid results.</p> <p>★ ★ ★ = Above-average performance relative to national Medicaid results.</p>				

Table M-2—PRI Scores for Performance Measures				
Dimensions	Performance Measures	Rate for 2006	Rate for 2007	Performance Level for 2007
Living With Illness	Diabetes Care—HbA1c Testing	88.1%	89.3%	★★★
	Diabetes Care—Poor HbA1c Control*	30.7%	27.3%	★★★
	Diabetes Care—Eye Exam	65.9%	70.6%	★★★
	Diabetes Care—LDL-C Screening	**	81.0%	**
	Diabetes Care—LDL-C Level <100	**	39.4%	**
	Diabetes Care—Nephropathy	**	82.5%	**
	Asthma—5 to 9 Years	93.3%	98.3%	★★★
	Asthma—10 to 17 Years	95.6%	95.4%	★★★
	Asthma—18 to 56 Years	85.9%	88.5%	★★
	Asthma—Combined Rate	91.1%	93.6%	★★★
	Controlling High Blood Pressure—18 to 45 Years	**	59.1%	†
	Controlling High Blood Pressure—46 to 85 Years	68.4%	58.7%	★★
	Controlling High Blood Pressure—Combined	**	58.9%	†
	Advising Smokers to Quit	73.4%	76.1%	†
	Discussing Smoking Cessation Strategies	39.3%	43.3%	†
Access to Care	Children's Access—12 to 24 Months	96.5%	96.9%	★★
	Children's Access—25 Months to 6 Years	83.5%	83.7%	★★
	Children's Access—7 to 11 Years	85.1%	87.4%	★★
	Adolescents' Access—12 to 19 Years	83.2%	85.5%	★★
	Adults' Access—20 to 44 Years	86.1%	86.5%	★★
	Adults' Access—45 to 64 Years	92.2%	93.1%	★★★
<p>* Lower rates are better for this measure.</p> <p>**Changes were made to these measures' specifications; therefore, the 2007 rates are not comparable to the previous year's rates or national benchmarks.</p> <p>† National percentiles are not available for these measures.</p> <p>★ = Below-average performance relative to national Medicaid results.</p> <p>★★ = Average performance relative to national Medicaid results.</p> <p>★★★ = Above-average performance relative to national Medicaid results.</p>				

Table M-2 shows that **PRI**'s rates were above the national Medicaid HEDIS 2006 90th percentile rates for ten of the performance measures. Notably, all three measures of *Childhood and Adolescent Immunization Status*, three measures of *Comprehensive Diabetes Care*, and three measures of *Use of Appropriate Medications for People With Asthma* were the above-average measures. The other above-average rate was for *Adults' Access to Preventive/Ambulatory Health Services—45 to 64 Years*. These measures represented relative areas of strength for **PRI**.

The table also shows that rates for 20 of the performance measures were about average, falling between the national Medicaid HEDIS 2006 25th and 90th percentiles.

None of the rates were below national Medicaid HEDIS 2006 25th percentiles, indicating that the performance measures were an area of relative strength for **PRI**.

From a quality improvement perspective, differences in rates need to be evaluated from year to year. For 2007, the rates improved or remained the same for 26 of the performance measures from 2006 to 2007. The largest increase was 25.2 percentage points for *Childhood Immunization Status—Combo 3*.

The rates decreased for six of the performance measures from 2006 to 2007. These six rates were for: *Appropriate Treatment for Children With URI*, *Cervical Cancer Screening*, *Controlling High Blood Pressure—46 to 85 Years*, *Use of Appropriate Medications for People With Asthma—10 to 17 Years*, *Well-Child Visits in the First 15 Months of Life—Zero Visits* (where an increase in the rate indicates lower performance), and *Timeliness of Prenatal Care*. The largest decrease was 9.7 percentage points for *Controlling High Blood Pressure—46 to 85 Years*. Yet, none of the declining measures were below average from a national perspective.

Validation of Performance Improvement Projects (PIPs)

Table M-3 presents the scoring for each of the activities in the CMS PIP Protocol. The table shows the number of elements within each activity and, of those, the number that were scored as *Met*, *Partially Met*, *Not Met*, or *NA*; the total percentage scores for evaluation and critical elements *Met*; and the validation status for the PIP.

Table M-3—PIP Two-Year Activity Scores for PRI									
Activity	Number of Elements	2005–2006 Validation				2006–2007 Validation			
		Met	Part. Met	Not Met	NA	Met	Part. Met	Not Met	NA
Activity I—Appropriate Study Topic	6	6	0	0	0	6	0	0	0
Activity II—Clearly Defined, Answerable Study Question	2	2	0	0	0	2	0	0	0
Activity III—Clearly Defined Study Indicator(s)	7	6	0	0	1	6	0	0	1
Activity IV—Correctly Identified Study Population	3	3	0	0	0	3	0	0	0
Activity V—Valid Sampling Techniques (if sampling was used)	6	6	0	0	0	0	0	0	6
Activity VI—Accurate/Complete Data Collection	11	6	0	0	5	6	0	0	5
Activity VII—Appropriate Improvement Strategies	4	3	0	0	1	4	0	0	0
Activity VIII—Sufficient Data Analysis and Interpretation	9	9	0	0	0	8	0	0	1
Activity IX—Real Improvement Achieved	4	3	1	0	0	4	0	0	0
Activity X—Sustained Improvement Achieved	1	Not Assessed				1	0	0	0
Totals for all Activities	53	44	1	0	7	40	0	0	13
Percentage Score of Evaluation Elements Met	98%					100%			
Percentage Score of Critical Elements Met	100%					100%			
Validation Status	Met					Met			

In 2005–2006, **PRI** progressed through Activity IX with a validation status of *Met*, an overall score of 98 percent and a score of 100 percent for critical elements. The results of the 2006–2007 validation reflected progress and improvement. Validation of Activities I through X resulted in a validation status of *Met* with an overall score of 100 percent and a score of 100 percent for critical elements. **PRI** showed improvement in the *Partially Met* element of Activity IX to demonstrate compliance with all applicable requirements of the CMS protocol for conducting PIPs. In the 2006–2007 validation, no opportunities for improvement for **PRI** were identified. Based on the results of the 2006–2007 validation, there was high confidence that the PIP produced valid results.

Consumer Assessment of Healthcare Providers and Systems (CAHPS)

The detailed results for **PRI**'s composite CAHPS scores are shown in Table M-4. The table presents each of the CAHPS measures, the top-box percentages for 2006 and 2007, the three-point mean scores for 2006 and 2007, and the overall performance levels for 2007.

Table M-4—PRI Detailed Results for the CAHPS Child and Adult Composite Scores					
CAHPS Measures	Top-Box Percentage		Three-Point Mean Scores		Performance Level for 2007
	2006	2007	2006	2007	
Child [†]					
Getting Needed Care	80.7%	81.5%	2.75	2.74	★★
Getting Care Quickly	55.6%	57.3%	2.37	2.40	★★
How Well Doctors Communicate	72.2%	74.7%	2.65	2.68	★★★
Courteous and Helpful Office Staff	70.4%	77.3%	2.63	2.69	★★
Customer Service	76.1%	73.9%	2.71	2.67	★★
Adult					
Getting Needed Care ^{††}	††	48.3%	††	2.27	††
Getting Care Quickly ^{††}	††	51.9%	††	2.35	††
How Well Doctors Communicate	61.2%	67.3%	2.48	2.55	★★★
Customer Service ^{††}	††	44.3%	††	2.20	††
Shared Decision Making	—	60.8%	—	2.50	—
Notes:					
The top-box percentage indicates the percentage of responses of “Always,” “Definitely Yes,” or “Not a Problem.”					
Performance levels are based on accreditation benchmarks and thresholds for the adult Medicaid population and the distribution of NCQA national survey results for the child Medicaid population.					
† Child results for 2006 reflect 2005 data due to the measure being rotated in 2006.					
†† Due to changes from the CAHPS Adult 3.0H to the Adult 4.0H survey, these composites are not comparable to the previous year’s results or national benchmarks.					
— The Shared Decision Making composite is a new measure for 2007.					
NA Composites that do not meet the minimum number of 100 responses are denoted as Not Applicable (NA).					
★ = Below-average performance (<25th percentile) relative to national Medicaid results.					
★★ = Average performance (≥25th to <75th percentile) relative to national Medicaid results.					
★★★ = Above-average performance (≥ 75th percentile) relative to national Medicaid results.					

PRI showed average or above-average performance on all five of the 2007 child CAHPS composite measures. For the only comparable 2007 adult CAHPS composite measure, *How Well Doctors Communicate*, **PRI** showed above-average performance. A comparison of the 2007 three-point mean scores to the 2006 three-point mean scores revealed an increase on four of the six comparable measures for the child and adult populations combined.

PRI's detailed scores for global ratings are presented in Table M-5. The table shows each of the four CAHPS global measures, the top-box percentages for 2006 and 2007, the three-point mean scores for 2006 and 2007, and the overall performance level for 2007.

Table M-5—PRI Detailed Scores for CAHPS Child and Adult Global Ratings					
CAHPS Measures	Top-Box Percentage		Three-Point Mean Scores		Performance Level for 2007
	2006	2007	2006	2007	
Child [†]					
Rating of All Health Care	64.0%	68.2%	2.56	2.59	★★
Rating of Personal Doctor	62.6%	63.0%	2.55	2.54	★★
Rating of Specialist Seen Most Often	55.5%	60.6%	2.40	2.41	★
Rating of Health Plan	64.1%	61.1%	2.55	2.50	★★
Adult					
Rating of All Health Care	58.2%	42.5%	2.43	2.19	★
Rating of Personal Doctor	59.9%	56.9%	2.46	2.37	★★
Rating of Specialist Seen Most Often	60.9%	58.4%	2.42	2.40	★★
Rating of Health Plan	57.2%	49.5%	2.43	2.27	★★
Notes:					
The top-box percentage indicates the percentage of respondents rating 9 or 10 on a scale of 0 to 10.					
Performance levels are based on accreditation benchmarks and thresholds for the adult Medicaid population and the distribution of NCQA national survey results for the child Medicaid population.					
† Child results for 2006 reflect 2005 data due to the measure being rotated in 2006.					
NA Global ratings that do not meet the minimum number of 100 responses are denoted as Not Applicable (NA).					
★ = Below-average performance (<25th percentile) relative to national Medicaid results.					
★★ = Average performance (≥25th to <75th percentile) relative to national Medicaid results.					
★★★ = Above-average performance (≥ 75th percentile) relative to national Medicaid results.					

PRI's top-box percentages increased for three of the four comparable child CAHPS global ratings from 2006 to 2007. One comparable global rating showed below-average performance when compared to NCQA national survey results: *Rating of Specialist Seen Most Often*. Therefore, this measure could be targeted for quality improvement activities aimed at improving member satisfaction.

PRI showed average performance for three of the four adult CAHPS global ratings: *Rating of Personal Doctor*, *Rating of Specialist Seen Most Often*, and *Rating of Health Plan*. Below-average performance on the remaining measure, *Rating of All Health Care*, indicated that an opportunity still exists to improve member satisfaction. A comparison of the 2007 three-point mean scores to the 2006 three-point mean scores revealed an increase on two of the four for child global ratings and a decrease for all the adult global ratings.

Assessment of Follow-up on Prior Recommendations

Annual Compliance Reviews

PRI successfully addressed one of the two recommendations for improvement from the 2005–2006 site visit. **PRI** increased the open PCP-to-member ratio to meet the standard. **PRI** contracted with an answering service to address the second recommendation; however, the contract was not effective at the time of the site visit.

Performance Measures

Since **PRI** did not perform below the 25th percentile on any of the measures in 2006, areas for improvement are those measures that fell below the 50th percentile. Based on **PRI**'s performance on the 2006 HEDIS measures compared to the national 50th percentile, **PRI** needed to implement interventions to improve *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*. **PRI** mailed physical exam reminder postcards, promoted well-child visits in the preventive health care guidelines and newsletters, and sent physicians informational packets.

Performance Improvement Projects (PIPs)

Following the 2005–2006 validation, HSAG recommended that **PRI** continue to monitor the success of the rates in order to achieve statistically significant improvement across all indicators. **PRI** successfully addressed this recommendation in its 2006–2007 PIP submission, which resulted in compliance with all applicable evaluation and critical elements.

Recommendations and Summary Assessment Related to Quality, Timeliness, and Access

The current review of **PRI** showed both strengths and opportunities for improvement.

The annual compliance review assessed **PRI**'s performance on six standards, which addressed the **quality** and **timeliness** of, and **access** to, services provided by the MHP. **PRI**'s strongest performance of a 100 percent *NF* score was on the Administrative standard, which addressed the domain of **quality**. **PRI** demonstrated strengths in the other areas reviewed by meeting most of the contractual requirements for the standards. **PRI**'s compliance review also identified opportunities for improvement across all three of the domains of **quality**, **timeliness**, and **access**. On the Providers, Members, and Fraud and Abuse standards, which assessed the domains of **quality**, **timeliness**, and **access**, **PRI** should finalize the contract with an answering service to provide access after business hours, submit all correspondence to members to MDCH for review and approval, include the 42 CFR definition of fraud and abuse in its fraud and abuse policy, and ensure that all suspected fraud and abuse is reported according to the contractual requirements. On the Quality standard, which addressed **quality** and **access**, **PRI** should continue its efforts to meet the performance measure standards for well-child visits for children 3 to 6 years of age. **PRI**'s lowest performance was shown on the Management Information and Data Reporting standard, which addressed **quality** and **timeliness**. **PRI** should comply with all requirements for timeliness of reports and ensure timely and accurate processing of claims.

For performance measure validation, **PRI** performed above average on the **quality** and **timeliness** domains. Ten of the measures were above average in the **quality** domain: three in *Comprehensive Diabetes Care*, three in *Use of Appropriate Medications for People With Asthma*, three in *Immunization Status*, and one in *Adults' Access to Preventive/Ambulatory Health Services*. For the **timeliness** domain, three of the five measures were above average, which were the three *Immunization Status* measures. Average performance was observed for the **access** domain. Only one measure was above average: *Adults' Access to Preventive/Ambulatory Health Services—45 to 64 Years*. Of note, however, is that none of the domains had measures that fell below average. Although none of the measures' rates were below average, areas in which **PRI** should focus quality improvement strategies include measures that fell below the 50th percentile. **PRI** continues to fall below the 50th percentile for the *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* measure, in addition to *Controlling High Blood Pressure—46 to 85 Years* and *Children's and Adolescents' Access to Primary Care Practitioners—25 Months to 6 Years*. Methods that **PRI** could consider to increase well-child visits and access to care could include sending monthly reports to PCPs of children who have zero visits and working with office staff to ensure correct encounter/claim submissions. To improve blood pressure rates, **PRI** could offer incentives to its physicians based on their performance on this measure.

The EQR activities related to the validation of PIPs addressed the validity and reliability of the MHP's processes for conducting valid PIPs. Therefore, all PIPs were assigned to the **quality** domain. **PRI** demonstrated strong performance related to the quality of its PIP and a thorough understanding of the requirements for all activities of the CMS protocol for conducting PIPs.

In the CAHPS domain of **quality**, **PRI** had average or above-average performance on 12 of the 14 comparable measures. **PRI** demonstrated average performance across both the **access** and **timeliness** domains, based only on an evaluation of the child population. Measures that showed below-average performance represent the largest opportunities for quality improvement. **PRI** had no measures where both the child and adult Medicaid populations had below-average performance. However, the child *Rating of Specialist Seen Most Often* and the adult *Rating of All Health Care* had below-average performance and could be targeted for quality improvement activities aimed at improving member satisfaction.

Annual Compliance Review

According to 42 CFR 438.358, the State or its EQRO must conduct a review to determine the Medicaid managed care organizations' compliance with standards established by the State for access to care, structure and operations, and quality measurement and improvement. Table N-1 shows the results of the on-site reviews conducted by MDCH in 2005–2006 and 2006–2007: the number and percentage of criteria scored *No Findings* and the statewide average for each of the six standards.

Table N-1—Compliance Review Results for THC							
Criteria Scored <i>No Findings</i>							
Standard		2005–2006			2006–2007		
		Number	Percentage	Statewide Average	Number	Percentage	Statewide Average
1	Administrative	3/3	100%	98%	3/3	100%	92%
2	Providers	11/11	100%	94%	10/11	91%	90%
3	Members	6/7	86%	90%	5/7	71%	87%
4	Quality	11/12	92%	94%	11/12	92%	92%
5	Management Information and Data Reporting	4/5	80%	75%	2/5	40%	71%
6	Fraud and Abuse	7/8	88%	95%	8/8	100%	92%
Overall		91%		92%	85%		89%

THC's strongest performance was found on the Administrative standard, with 100 percent *No Finding* scores on both annual reviews. In 2005–2006, **THC** also achieved compliance with all requirements related to the Providers standard, while the 2006–2007 review identified a need for corrective action related to provider contracts. **THC** addressed the one recommendation on the Fraud and Abuse standard to demonstrate compliance with all requirements on this standard in the 2006–2007 review. Both annual reviews resulted in recommendations in the areas of Members, Quality, and Management Information and Data Reporting. **THC's** performance on half the standards was at or above the statewide averages for both annual reviews. **THC's** performance remained below the statewide average overall.

Performance Measures

As set forth in 42 CFR 438.358, the primary objectives of the performance measure validation process are to evaluate the accuracy of the performance measure data collected by the MHP and determine the extent to which the specific performance measures calculated by the MHP (or on behalf of the MHP) followed the specifications established for each performance measure. To meet the two primary objectives of the validation activity, a measure-specific review of all reported measures was performed, as well as a thorough information system evaluation to assess the ability of each MHP's support system to report accurate HEDIS measures. The results of this assessment are presented in Table N-2. The table separately shows each of the performance measures, the rates for each measure for 2006 and 2007, and the categorized performance for 2007 relative to national Medicaid results.

Table N-2—THC Scores for Performance Measures				
Dimensions	Performance Measures	Rate for 2006	Rate for 2007	Performance Level for 2007
Pediatric Care	<i>Childhood Immunization—Combo 2</i>	71.5%	77.8%	★★
	<i>Childhood Immunization—Combo 3</i>	34.3%	62.0%	★★★
	<i>Adolescent Immunization—Combo 2</i>	71.2%	71.2%	★★★
	<i>Well-Child 1st 15 Months—0 Visits*</i>	3.5%	1.2%	★★
	<i>Well-Child 1st 15 Months—6+ Visits</i>	35.4%	49.1%	★★
	<i>Well-Child 3rd–6th Years of Life</i>	65.4%	65.4%	★★
	<i>Adolescent Well-Care Visits</i>	47.9%	47.9%	★★
	<i>Appropriate Treatment of URI</i>	69.6%	76.3%	★
	<i>Children With Pharyngitis</i>	29.3%	37.5%	★
Women's Care	<i>Breast Cancer Screening—42 to 51 Years</i>	**	43.0%	†
	<i>Breast Cancer Screening—52 to 69 Years</i>	47.1%	52.8%	★★
	<i>Breast Cancer Screening—Combined</i>	**	47.6%	†
	<i>Cervical Cancer Screening</i>	67.5%	66.2%	★★
	<i>Chlamydia Screening—16 to 20 Years</i>	52.1%	61.8%	★★
	<i>Chlamydia Screening—21 to 25 Years</i>	62.8%	68.7%	★★★
	<i>Chlamydia Screening—Combined</i>	56.8%	64.6%	★★
	<i>Timeliness of Prenatal Care</i>	87.5%	84.2%	★★
	<i>Postpartum Care</i>	62.1%	57.9%	★★
<p>* Lower rates are better for this measure.</p> <p>**Changes were made to these measures' specifications; therefore, the 2007 rates are not comparable to the previous year's rates or national benchmarks.</p> <p>† National percentiles are not available for these measures.</p> <p>★ = Below-average performance relative to national Medicaid results.</p> <p>★★ = Average performance relative to national Medicaid results.</p> <p>★★★ = Above-average performance relative to national Medicaid results.</p>				

Table N-2—THC Scores for Performance Measures				
Dimensions	Performance Measures	Rate for 2006	Rate for 2007	Performance Level for 2007
Living With Illness	<i>Diabetes Care—HbA1c Testing</i>	82.4%	76.7%	★★
	<i>Diabetes Care—Poor HbA1c Control*</i>	42.3%	47.0%	★★
	<i>Diabetes Care—Eye Exam</i>	53.0%	57.3%	★★
	<i>Diabetes Care—LDL-C Screening</i>	**	72.8%	**
	<i>Diabetes Care—LDL-C Level <100</i>	**	28.2%	**
	<i>Diabetes Care—Nephropathy</i>	**	77.6%	**
	<i>Asthma—5 to 9 Years</i>	76.9%	86.6%	★
	<i>Asthma—10 to 17 Years</i>	81.3%	80.2%	★
	<i>Asthma—18 to 56 Years</i>	78.1%	82.9%	★★
	<i>Asthma—Combined Rate</i>	78.9%	82.8%	★
	<i>Controlling High Blood Pressure—18 to 45 Years</i>	**	43.2%	†
	<i>Controlling High Blood Pressure—46 to 85 Years</i>	60.1%	40.9%	★
	<i>Controlling High Blood Pressure—Combined</i>	**	41.6%	†
	<i>Advising Smokers to Quit</i>	66.9%	65.6%	†
	<i>Discussing Smoking Cessation Strategies</i>	32.4%	30.9%	†
Access to Care	<i>Children's Access—12 to 24 Months</i>	89.0%	91.8%	★★
	<i>Children's Access—25 Months to 6 Years</i>	75.9%	75.0%	★
	<i>Children's Access—7 to 11 Years</i>	75.2%	78.3%	★
	<i>Adolescents' Access—12 to 19 Years</i>	75.1%	77.4%	★★
	<i>Adults' Access—20 to 44 Years</i>	73.4%	74.9%	★★
	<i>Adults' Access—45 to 64 Years</i>	78.9%	80.4%	★★
<p>* Lower rates are better for this measure.</p> <p>**Changes were made to these measures' specifications; therefore, the 2007 rates are not comparable to the previous year's rates or national benchmarks.</p> <p>† National percentiles are not available for these measures.</p> <p>★ = Below-average performance relative to national Medicaid results.</p> <p>★★ = Average performance relative to national Medicaid results.</p> <p>★★★ = Above-average performance relative to national Medicaid results.</p>				

Table N-2 shows that **THC**'s rates were above the national Medicaid HEDIS 2006 90th percentile for three of the performance measures. The above-average rates were: *Childhood Immunization Status—Combo 3*, *Adolescent Immunization—Combo 2*, and *Chlamydia Screening in Women—21 to 25 Years*. Of note, two of the above-average rates were for immunizations. These three above-average measures represented relative areas of strength for **THC**.

The table also shows that the rates for 19 of the performance measures were about average, falling between the national Medicaid HEDIS 2006 25th and 90th percentiles.

Eight rates were below the national Medicaid HEDIS 2006 25th percentiles. These rates were for: *Appropriate Treatment for Children With URI*, *Appropriate Testing for Children With Pharyngitis*, *Controlling High Blood Pressure—46 to 85 Years*, three measures in *Use of Appropriate Medications for People With Asthma*, and two measures in *Children's and Adolescents' Access to*

Primary Care Practitioners. These findings suggest opportunities for improvement for **THC** within clinical areas showing more than one below-average rate and within the specific measures that had declining rates.

From a quality improvement perspective, differences in rates need to be evaluated from year to year. For 2007, the rates improved or remained the same for 22 of the performance measures from 2006 to 2007. However, three of the rates were rotated in 2007. A rotated measure is one for which the MHP exercised the NCQA-approved option to use the audited and reportable rate from the prior year. The largest increase was 27.7 percentage points for *Childhood Immunization Status—Combo 3*, followed by an increase of 13.7 percentage points for *Well-Child Visits in the First 15 Months of Life—Six or More Visits*.

The rates decreased for ten of the performance measures from 2006 to 2007. The declining measures were: *Cervical Cancer Screening*, *Controlling High Blood Pressure—46 to 85 Years*, two measures in *Comprehensive Diabetes Care*, *Use of Appropriate Medications for People With Asthma—10 to 17 Years*, both *Medical Assistance With Smoking Cessation* measures, *Timeliness of Prenatal Care*, *Postpartum Care*, and *Children's and Adolescents' Access to Primary Care Practitioners—25 Months to 6 Years*.

Validation of Performance Improvement Projects (PIPs)

Table N-3 presents the scoring for each of the activities in the CMS PIP Protocol. The table shows the number of elements within each activity and, of those, the number that were scored as *Met*, *Partially Met*, *Not Met*, or *NA*; the total percentage scores for evaluation and critical elements *Met*; and the validation status for the PIP.

Table N-3—PIP Two-Year Activity Scores for THC									
Activity	Number of Elements	2005–2006 Validation				2006–2007 Validation			
		Met	Part. Met	Not Met	NA	Met	Part. Met	Not Met	NA
Activity I—Appropriate Study Topic	6	6	0	0	0	6	0	0	0
Activity II—Clearly Defined, Answerable Study Question	2	2	0	0	0	2	0	0	0
Activity III—Clearly Defined Study Indicator(s)	7	6	0	0	1	6	0	0	1
Activity IV—Correctly Identified Study Population	3	3	0	0	0	3	0	0	0
Activity V—Valid Sampling Techniques (if sampling was used)	6	6	0	0	0	0	0	0	6
Activity VI—Accurate/Complete Data Collection	11	6	0	0	5	6	0	0	5
Activity VII—Appropriate Improvement Strategies	4	4	0	0	0	4	0	0	0
Activity VIII—Sufficient Data Analysis and Interpretation	9	9	0	0	0	8	0	0	1
Activity IX—Real Improvement Achieved	4	3	1	0	0	4	0	0	0
Activity X—Sustained Improvement Achieved	1	0	1	0	0	1	0	0	0
Totals for all Activities	53	45	2	0	6	40	0	0	13
Percentage Score of Evaluation Elements Met	96%				100%				
Percentage Score of Critical Elements Met	100%				100%				
Validation Status	Met				Met				

In 2005–2006 and 2006–2007, **THC** completed Activities I through X with a validation status of *Met*. In 2005–2006, **THC** received an overall score of 96 percent and a score of 100 percent for critical elements. The results of the 2006–2007 validation reflected improvement. Validation of Activities I through X resulted in an overall score of 100 percent and a score of 100 percent for critical elements. **THC** addressed the recommendations for the *Partially Met* elements of Activities IX and X in 2005–2006 to demonstrate compliance with all applicable requirements of the CMS protocol in 2006–2007. In the 2006–2007 validation, no opportunities for improvement were identified for **THC**. Based on the results of the 2006–2007 validation, there was high confidence that the PIP produced valid results.

Consumer Assessment of Healthcare Providers and Systems (CAHPS)

The detailed results for **THC**'s composite CAHPS scores are shown in Table N-4. The table presents each of the CAHPS measures, the top-box percentages for 2006 and 2007, the three-point mean scores for 2006 and 2007, and the overall performance levels for 2007.

Table N-4—THC Detailed Results for the CAHPS Child and Adult Composite Scores					
CAHPS Measures	Top-Box Percentage		Three-Point Mean Scores		Performance Level for 2007
	2006	2007	2006	2007	
Child [†]					
Getting Needed Care	70.1%	77.1%	2.58	2.69	★
Getting Care Quickly	47.7%	53.1%	2.20	2.28	★
How Well Doctors Communicate	61.1%	68.1%	2.43	2.59	★★
Courteous and Helpful Office Staff	64.2%	70.1%	2.49	2.60	★
Customer Service	NA	NA	NA	NA	NA
Adult					
Getting Needed Care ^{††}	††	48.7%	††	2.23	††
Getting Care Quickly ^{††}	††	60.9%	††	2.42	††
How Well Doctors Communicate	65.0%	64.5%	2.47	2.48	★★
Customer Service ^{††}	††	NA	††	NA	††
Shared Decision Making	—	50.6%	—	2.39	—
Notes:					
The top-box percentage indicates the percentage of responses of “Always,” “Definitely Yes,” or “Not a Problem.”					
Performance levels are based on accreditation benchmarks and thresholds for the adult Medicaid population and the distribution of NCQA national survey results for the child Medicaid population.					
† Child results for 2006 reflect 2005 data due to the measure being rotated in 2006.					
†† Due to changes from the CAHPS Adult 3.0H to the Adult 4.0H survey, these composites are not comparable to the previous year’s results or national benchmarks.					
— The Shared Decision Making composite is a new measure for 2007.					
NA Composites that do not meet the minimum number of 100 responses are denoted as Not Applicable (NA).					
★ = Below-average performance (<25th percentile) relative to national Medicaid results.					
★★ = Average performance (≥25th to <75th percentile) relative to national Medicaid results.					
★★★ = Above-average performance (≥ 75th percentile) relative to national Medicaid results.					

THC showed average performance on one of the four comparable 2007 child CAHPS composite measures, *How Well Doctors Communicate*. The remaining three comparable measures showed below-average performance, indicating several opportunities to improve member satisfaction. For the only comparable 2007 adult CAHPS composite measure, *How Well Doctors Communicate*, **THC** showed average performance. A comparison of the 2007 three-point mean scores to the 2006 three-point mean scores revealed an increase on all comparable measures for both the child and adult populations.

THC's detailed scores for global ratings are presented in Table N-5. The table shows each of the four CAHPS global measures, the top-box percentages for 2006 and 2007, the three-point mean scores for 2006 and 2007, and the overall performance level for 2007.

Table N-5—THC Detailed Scores for CAHPS Child and Adult Global Ratings					
CAHPS Measures	Top-Box Percentage		Three-Point Mean Scores		Performance Level for 2007
	2006	2007	2006	2007	
Child [†]					
Rating of All Health Care	54.0%	61.9%	2.36	2.50	★
Rating of Personal Doctor	56.5%	57.4%	2.40	2.43	★
Rating of Specialist Seen Most Often	NA	NA	NA	NA	NA
Rating of Health Plan	52.3%	54.6%	2.32	2.36	★
Adult					
Rating of All Health Care	52.7%	42.3%	2.28	2.16	★
Rating of Personal Doctor	54.8%	51.9%	2.37	2.31	★
Rating of Specialist Seen Most Often	64.2%	58.7%	2.46	2.40	★★
Rating of Health Plan	57.5%	48.8%	2.38	2.24	★★
Notes:					
The top-box percentage indicates the percentage of respondents rating 9 or 10 on a scale of 0 to 10.					
Performance levels are based on accreditation benchmarks and thresholds for the adult Medicaid population and the distribution of NCQA national survey results for the child Medicaid population.					
† Child results for 2006 reflect 2005 data due to the measure being rotated in 2006.					
NA Global ratings that do not meet the minimum number of 100 responses are denoted as Not Applicable (NA).					
★ = Below-average performance (<25th percentile) relative to national Medicaid results.					
★★ = Average performance (≥25th to <75th percentile) relative to national Medicaid results.					
★★★ = Above-average performance (≥ 75th percentile) relative to national Medicaid results.					

THC's three-point mean scores and top-box percentages increased for all comparable child CAHPS global ratings from 2006 to 2007. However, all three comparable global ratings showed below-average performance compared to NCQA national survey results. These areas of below-average performance could be targeted for quality improvement activities aimed at improving member satisfaction.

THC showed average performance on two of the four adult CAHPS global ratings: *Rating of Specialist Seen Most Often* and *Rating of Health Plan*. Below-average performance on the remaining two measures, *Rating of All Health Care* and *Rating of Personal Doctor*, indicated that opportunities still exist to improve member satisfaction. A comparison of the 2007 three-point mean scores to the 2006 three-point mean scores revealed a decrease in all adult global ratings.

Assessment of Follow-up on Prior Recommendations

Annual Compliance Reviews

THC successfully addressed two of the four recommendations for improvement from the 2005–2006 site visit: **THC** completed the required changes to the UM policies and provided the required phone number and information for reporting of fraud and abuse. **THC** should complete the approval process for the member complaints and grievances policy and create a process for timely submission of required reports.

Performance Measures

THC's 2006 rates were below the 25th percentile for *Appropriate Treatment for Children With URI, Postpartum Care, Appropriate Testing for Children With Pharyngitis, Well-Child Visits in the First 15 Months of Life—Six or More Visits, Breast Cancer Screening*, and three of the four *Children's and Adolescents' Access to Primary Care Practitioners* measures. The below-average performance for these measures indicated that these areas of care were opportunities for improvement. For well-child visits, **THC** provided monthly reports to PCPs of children who had had no well-care visits within the year, mailed PCPs practice-specific HEDIS results, worked with office staff on coding requirements, and sent reminder cards and letters to parents of children who were overdue for their well-care visit. To address the access-to-care measures, **THC** participated in a collaborative access-to-care PIP and conducted an analysis of provider network accessibility and availability. To address low performance with breast cancer screening, **THC** sent mailings to new female members and members who were overdue for a mammogram to remind them to get a checkup, provided providers with a list of members who were overdue for their mammogram and their results regarding this measure, and initiated financial incentives to members who got a screening. No improvement efforts were mentioned in **THC's** Quality Improvement Program Evaluation that addressed the upper respiratory infection (URI) or pharyngitis measures.

Performance Improvement Projects (PIPs)

In the 2005–2006 validation, HSAG recommended that **THC** continue statistical testing between measurement periods and continue to monitor its study indicators until the required rates were achieved and improvement was sustained over several comparable measurement cycles. **THC** successfully addressed these recommendations in its 2006–2007 PIP submission, which resulted in compliance with all applicable evaluation and critical elements.

Recommendations and Summary Assessment Related to Quality, Timeliness, and Access

The annual compliance review assessed **THC**'s performance on six standards, which addressed the **quality** and **timeliness** of, and **access** to, services provided by the MHP. **THC**'s strongest performance of a 100 percent *NF* score was on the Administrative standard, which addressed the domain of **quality**, and the Fraud and Abuse standard, which addressed the domains of **quality**, **timeliness**, and **access**. **THC** demonstrated strengths in the other areas reviewed by meeting most of the contractual requirements for almost all standards. **THC**'s compliance review also identified opportunities for improvement across all three of the domains of **quality**, **timeliness**, and **access**. On the Providers and Members standards, which assessed the domains of **quality**, **timeliness**, and **access**, **THC** should provide MDCH with written notice of any new subcontractors no later than 21 days after the subcontract effective date, maintain documentation that verifies the annual review of the member handbook, and resubmit the member complaints and grievances policy after the revisions of the grievance and appeals guidelines have been completed. On the Quality standard, which addressed **quality** and **access**, **THC** should focus on new interventions to improve rates for childhood immunizations and well-child visits for children 0–15 months and 3–6 years of age. **THC**'s lowest performance was shown on the Management Information and Data Reporting standard, which addressed **quality** and **timeliness**. **THC** should create an effective process for timely report submission, develop a process that allows claims with referrals to be submitted electronically, and add the mother's recipient ID to the weekly 5013 report.

The validation of performance measures resulted in mixed performance for the **quality** domain. Performance on three of the measures was above average: *Childhood Immunization Status—Combo 3*, *Adolescent Immunization Status—Combo 2*, and *Chlamydia Screening in Women—21 to 25 Years*. Eight of the measures, on the other hand, were below average: *Appropriate Treatment for Children With URI*, *Appropriate Testing for Children With Pharyngitis*, three of the *Use of Appropriate Medications for People With Asthma* measures, *Controlling High Blood Pressure—46 to 85 Years*, and two of the *Children's and Adolescents' Access to Primary Care Practitioners* measures. For the **timeliness** domain, above-average performance was observed. Two of the measures in this domain exceeded the 90th percentile (*Childhood Immunization Status—Combo 3* and *Adolescent Immunization Status—Combo 2*) and none of the rates fell below the 25th percentile. For the **access** domain, on the other hand, below-average performance was observed. Two of the measures' rates fell below average (two of the *Children's and Adolescents' Access to Primary Care Practitioners* measures). Based on the 2007 rates, **THC** needs to focus its improvement efforts on the areas of care that were below average, including treatment for URI, pharyngitis, asthma, and high blood pressure, as well as access for the child and adolescent populations. One strategy that **THC** could consider to help improve access to primary care includes assessing why members are not seeking care and then target intervention efforts toward this population. For the URI, pharyngitis, asthma, and blood pressures measures, **THC** needs to ensure that physicians and clinical staff are provided with clinical practice guidelines. Furthermore, **THC** could provide physicians with an incentive based on their performance on these measures.

The EQR activities related to the validation of PIPs addressed the validity and reliability of the MHP's processes for conducting valid PIPs. Therefore, all PIPs were assigned to the **quality**

domain. **THC** demonstrated strong performance related to the quality of its PIP and a thorough understanding of the requirements for all activities of the CMS protocol for conducting PIPs.

In the CAHPS domain of **quality**, **THC** had average or above-average performance on 4 of the 12 comparable measures. **THC** demonstrated below-average performance across both the **access** and **timeliness** domains, based only on an evaluation of the child population. Measures that show below-average performance represent the largest opportunity for quality improvement. For both the adult and child populations, the largest opportunities for quality improvement were *Rating of All Health Care* and *Rating of Personal Doctor*. To improve the overall *Rating of All Health Care* measure, quality improvement activities could target member satisfaction with physicians, member perception of access to care, experience with care, and experience with the health plan. To improve *Rating of Personal Doctor*, quality improvement activities could target communication and waiting-time issues between doctors and members.

Annual Compliance Review

According to 42 CFR 438.358, the State or its EQRO must conduct a review to determine the Medicaid managed care organizations' compliance with standards established by the State for access to care, structure and operations, and quality measurement and improvement. Table O-1 shows the results of the on-site reviews conducted by MDCH in 2005–2006 and 2006–2007: the number and percentage of criteria scored *No Findings* and the statewide average for each of the six standards.

Table O-1—Compliance Review Results for UPP							
Criteria Scored <i>No Findings</i>							
Standard		2005–2006			2006–2007		
		Number	Percentage	Statewide Average	Number	Percentage	Statewide Average
1	Administrative	3/3	100%	98%	3/3	100%	92%
2	Providers	11/11	100%	94%	9/11	82%	90%
3	Members	5/7	71%	90%	5/7	71%	87%
4	Quality	12/12	100%	94%	12/12	100%	92%
5	Management Information and Data Reporting	5/5	100%	75%	5/5	100%	71%
6	Fraud and Abuse	7/8	88%	95%	6/8	75%	92%
Overall		93%		92%	87%		89%

UPP demonstrated compliance with all contractual requirements related to the Administrative, Quality, and Management Information and Data Reporting standards for both review periods. **UPP's** performance on the Members standard remained at 71 percent for both review periods, with one continuing corrective action needed for the member grievance and appeal policy and procedure. **UPP** had successfully addressed the recommendation regarding the plan's Web site, but the 2006–2007 review identified new areas for improvement related to member ID cards and other member materials. **UPP's** score on the Fraud and Abuse standard declined; with one continuing and one new recommendation related to fraud and abuse monitoring and contact information for reporting. **UPP's** performance exceeded the statewide averages for most standards, as well as the overall average, in 2005–2006, while the 2006–2007 annual review scores were above the statewide averages for half the standards reviewed, and below the statewide average overall.

Performance Measures

As set forth in 42 CFR 438.358, the primary objectives of the performance measure validation process are to evaluate the accuracy of the performance measure data collected by the MHP and determine the extent to which the specific performance measures calculated by the MHP (or on behalf of the MHP) followed the specifications established for each performance measure. To meet the two primary objectives of the validation activity, a measure-specific review of all reported measures was performed, as well as a thorough information system evaluation to assess the ability of each MHP's support system to report accurate HEDIS measures. The results of this assessment are presented in Table O-2. The table shows each of the performance measures, the rates for each measure for 2006 and 2007, and the categorized performance for 2007 relative to national Medicaid results.

Table O-2—UPP Scores for Performance Measures				
Dimensions	Performance Measures	Rate for 2006	Rate for 2007	Performance Level for 2007
Pediatric Care	<i>Childhood Immunization—Combo 2</i>	79.4%	80.7%	★★
	<i>Childhood Immunization—Combo 3</i>	38.8%	66.6%	★★★
	<i>Adolescent Immunization—Combo 2</i>	70.1%	70.1%	★★★
	<i>Well-Child 1st 15 Months—0 Visits*</i>	1.9%	1.4%	★★
	<i>Well-Child 1st 15 Months—6+ Visits</i>	41.6%	44.6%	★★
	<i>Well-Child 3rd–6th Years of Life</i>	59.7%	60.9%	★★
	<i>Adolescent Well-Care Visits</i>	37.0%	39.1%	★★
	<i>Appropriate Treatment of URI</i>	81.1%	81.1%	★★
	<i>Children With Pharyngitis</i>	52.3%	54.8%	★★
Women's Care	<i>Breast Cancer Screening—42 to 51 Years</i>	**	53.5%	†
	<i>Breast Cancer Screening—52 to 69 Years</i>	70.0%	67.6%	★★★
	<i>Breast Cancer Screening—Combined</i>	**	60.0%	†
	<i>Cervical Cancer Screening</i>	73.0%	76.8%	★★★
	<i>Chlamydia Screening—16 to 20 Years</i>	47.9%	48.4%	★★
	<i>Chlamydia Screening—21 to 25 Years</i>	45.3%	49.4%	★★
	<i>Chlamydia Screening—Combined</i>	46.8%	48.8%	★★
	<i>Timeliness of Prenatal Care</i>	85.2%	88.7%	★★
	<i>Postpartum Care</i>	53.5%	68.8%	★★
<p>* Lower rates are better for this measure.</p> <p>**Changes were made to these measures' specifications; therefore, the 2007 rates are not comparable to the previous year's rates or national benchmarks.</p> <p>† National percentiles are not available for these measures.</p> <p>★ = Below-average performance relative to national Medicaid results.</p> <p>★★ = Average performance relative to national Medicaid results.</p> <p>★★★ = Above-average performance relative to national Medicaid results.</p>				

Table O-2—UPP Scores for Performance Measures				
Dimensions	Performance Measures	Rate for 2006	Rate for 2007	Performance Level for 2007
Living With Illness	<i>Diabetes Care—HbA1c Testing</i>	91.6%	89.7%	★★★
	<i>Diabetes Care—Poor HbA1c Control*</i>	23.9%	27.8%	★★★
	<i>Diabetes Care—Eye Exam</i>	68.6%	70.6%	★★★
	<i>Diabetes Care—LDL-C Screening</i>	**	81.7%	**
	<i>Diabetes Care—LDL-C Level <100</i>	**	37.4%	**
	<i>Diabetes Care—Nephropathy</i>	**	81.4%	**
	<i>Asthma—5 to 9 Years</i>	95.1%	97.8%	★★★
	<i>Asthma—10 to 17 Years</i>	86.2%	92.5%	★★
	<i>Asthma—18 to 56 Years</i>	86.8%	87.2%	★★
	<i>Asthma—Combined Rate</i>	88.2%	91.3%	★★
	<i>Controlling High Blood Pressure—18 to 45 Years</i>	**	65.7%	†
	<i>Controlling High Blood Pressure—46 to 85 Years</i>	73.0%	64.3%	★★
	<i>Controlling High Blood Pressure—Combined</i>	**	64.8%	†
	<i>Advising Smokers to Quit</i>	69.6%	72.9%	†
	<i>Discussing Smoking Cessation Strategies</i>	34.7%	38.5%	†
Access to Care	<i>Children's Access—12 to 24 Months</i>	98.0%	97.7%	★★
	<i>Children's Access—25 Months to 6 Years</i>	88.1%	88.1%	★★
	<i>Children's Access—7 to 11 Years</i>	84.2%	87.2%	★★
	<i>Adolescents' Access—12 to 19 Years</i>	86.9%	90.0%	★★
	<i>Adults' Access—20 to 44 Years</i>	86.6%	89.5%	★★★
	<i>Adults' Access—45 to 64 Years</i>	91.0%	91.2%	★★★
<p>* Lower rates are better for this measure.</p> <p>**Changes were made to these measures' specifications; therefore, the 2007 rates are not comparable to the previous year's rates or national benchmarks.</p> <p>† National percentiles are not available for these measures.</p> <p>★ = Below-average performance relative to national Medicaid results.</p> <p>★★ = Average performance relative to national Medicaid results.</p> <p>★★★ = Above-average performance relative to national Medicaid results.</p>				

Table O-2 shows that UPP's rates were above the national Medicaid HEDIS 2006 90th percentile for ten of the performance measures. The above-average performing measures were: *Childhood Immunization Status—Combo 3*, *Adolescent Immunization Status—Combo 2*, *Breast Cancer Screening—52 to 69 Years*, *Cervical Cancer Screening*, three measures of *Comprehensive Diabetes Care*, *Use of Appropriate Medications for People With Asthma—5 to 9 Years*, *Adults' Access to Preventive/Ambulatory Health Services—20 to 44 Years*, and *Adults' Access to Preventive/Ambulatory Health Services—45 to 64 Years*. These measures represented relative areas of strength for UPP.

The table also shows that the rates for 20 of the performance measures were about average, falling between the national Medicaid HEDIS 2006 25th and 90th percentiles. None of the rates was below national Medicaid HEDIS 2006 25th percentile.

From a quality improvement perspective, differences in rates need to be evaluated from year to year. The rates improved or remained the same for 27 of the performance measures from 2006 to 2007. However, one of the rates was rotated in 2007. A rotated measure is one for which the MHP exercised the NCQA-approved option to use the audited and reportable rate from the prior year. The largest increase was 27.8 percentage points for *Childhood Immunization Status—Combo 3*.

The rates decreased for five of the performance measures over the previous year. These five rates were for: *Breast Cancer Screening—52 to 69 Years*, *Controlling High Blood Pressure—46 to 85 Years*, *Comprehensive Diabetes Care—HbA1c Testing*, *Comprehensive Diabetes Care—Poor HbA1c Control* (where an increase in a rate indicates lower performance), and *Children and Adolescents' Access to Primary Care Practitioners—12 to 24 Months*. The largest decrease was 8.7 percentage points for *Controlling High Blood Pressure—46 to 85 Years*. Yet, none of the declining measures was below average from a national perspective.

Validation of Performance Improvement Projects (PIPs)

Table O-3 presents the scoring for each of the activities in the CMS PIP Protocol. The table shows the number of elements within each activity and, of those, the number that were scored as *Met*, *Partially Met*, *Not Met*, or *NA*; the total percentage scores for evaluation and critical elements *Met*; and the validation status for the PIP.

Table O-3—PIP Two-Year Activity Scores for UPP									
Activity	Number of Elements	2005–2006 Validation				2006–2007 Validation			
		Met	Part. Met	Not Met	NA	Met	Part. Met	Not Met	NA
Activity I—Appropriate Study Topic	6	6	0	0	0	6	0	0	0
Activity II—Clearly Defined, Answerable Study Question	2	2	0	0	0	2	0	0	0
Activity III—Clearly Defined Study Indicator(s)	7	6	0	0	1	6	0	0	1
Activity IV—Correctly Identified Study Population	3	3	0	0	0	3	0	0	0
Activity V—Valid Sampling Techniques (if sampling was used)	6	6	0	0	0	0	0	0	6
Activity VI—Accurate/Complete Data Collection	11	6	0	0	5	6	0	0	5
Activity VII—Appropriate Improvement Strategies	4	2	0	0	2	4	0	0	0
Activity VIII—Sufficient Data Analysis and Interpretation	9	8	0	1	0	8	0	0	1
Activity IX—Real Improvement Achieved	4	3	0	1	0	4	0	0	0
Activity X—Sustained Improvement Achieved	1	Not Assessed				1	0	0	0
Totals for all Activities	53	42	0	2	8	40	0	0	13
Percentage Score of Evaluation Elements Met	95%					100%			
Percentage Score of Critical Elements Met	100%					100%			
Validation Status	Met					Met			

In 2005–2006, **UPP** progressed through Activity IX with a validation status of *Met*, an overall score of 95 percent and a score of 100 percent for critical elements. The results of the 2006–2007 validation reflected progress and improvement. Validation of Activities I through X resulted in a validation status of *Met* with an overall score of 100 percent and a score of 100 percent for critical elements. **UPP** showed improvement in the two previously *Not Met* elements of Activities VIII and IX to demonstrate compliance with all applicable requirements of the CMS protocol for conducting PIPs. In the 2006–2007 validation, no opportunities for improvement for **UPP** were identified. Based on the results of the 2006–2007 validation, there was high confidence that the PIP produced valid results.

Consumer Assessment of Healthcare Providers and Systems (CAHPS)

The detailed results for **UPP**'s composite CAHPS scores are shown in Table O-4. The table presents each of the CAHPS measures, the top-box percentages for 2006 and 2007, the three-point mean scores for 2006 and 2007, and the overall performance levels for 2007.

Table O-4—UPP Detailed Results for the CAHPS Child and Adult Composite Scores					
CAHPS Measures	Top-Box Percentage		Three-Point Mean Scores		Performance Level for 2007
	2006	2007	2006	2007	
Child [†]					
Getting Needed Care	81.6%	83.1%	2.75	2.76	★★
Getting Care Quickly	58.8%	58.2%	2.43	2.44	★★★
How Well Doctors Communicate	69.6%	71.7%	2.62	2.65	★★
Courteous and Helpful Office Staff	75.0%	77.8%	2.71	2.72	★★★
Customer Service	73.1%	NA	2.66	NA	NA
Adult					
Getting Needed Care ^{††}	††	51.8%	††	2.29	††
Getting Care Quickly ^{††}	††	57.2%	††	2.40	††
How Well Doctors Communicate	60.0%	68.5%	2.48	2.55	★★★
Customer Service ^{††}	††	NA	††	NA	††
Shared Decision Making	—	61.9%	—	2.52	—
Notes:					
The top-box percentage indicates the percentage of responses of “Always,” “Definitely Yes,” or “Not a Problem.”					
Performance levels are based on accreditation benchmarks and thresholds for the adult Medicaid population and the distribution of NCQA national survey results for the child Medicaid population.					
† Child results for 2006 reflect 2005 data due to the measure being rotated in 2006.					
†† Due to changes from the CAHPS Adult 3.0H to the Adult 4.0H survey, these composites are not comparable to the previous year’s results or national benchmarks.					
— The Shared Decision Making composite is a new measure for 2007.					
NA Composites that do not meet the minimum number of 100 responses are denoted as Not Applicable (NA).					
★ = Below-average performance (<25th percentile) relative to national Medicaid results.					
★★ = Average performance (≥25th to <75th percentile) relative to national Medicaid results.					
★★★ = Above-average performance (≥ 75th percentile) relative to national Medicaid results.					

UPP showed average or above-average performance on all four comparable 2007 child CAHPS composite measures. For the only comparable 2007 adult CAHPS composite measure, *How Well Doctors Communicate*, **UPP** showed above-average performance. A comparison of the 2007 three-point mean scores to the 2006 three-point mean scores revealed an increase on all comparable measures for both the child and adult populations.

UPP’s detailed scores for global ratings are presented in Table O-5. The table shows each of the four CAHPS global measures, the top-box percentages for 2006 and 2007, the three-point mean scores for 2006 and 2007, and the overall performance level for 2007.

Table O-5—UPP Detailed Scores for CAHPS Child and Adult Global Ratings					
CAHPS Measures	Top-Box Percentage		Three-Point Mean Scores		Performance Level for 2007
	2006	2007	2006	2007	
Child [†]					
Rating of All Health Care	60.1%	64.9%	2.50	2.56	★★
Rating of Personal Doctor	60.9%	59.6%	2.52	2.50	★
Rating of Specialist Seen Most Often	50.0%	64.4%	2.38	2.55	★★★
Rating of Health Plan	55.3%	59.6%	2.41	2.45	★★
Adult					
Rating of All Health Care	53.1%	48.3%	2.37	2.26	★
Rating of Personal Doctor	59.7%	62.0%	2.46	2.48	★★
Rating of Specialist Seen Most Often	58.2%	51.4%	2.41	2.32	★
Rating of Health Plan	50.4%	47.7%	2.33	2.25	★★
Notes:					
The top-box percentage indicates the percentage of respondents rating 9 or 10 on a scale of 0 to 10.					
Performance levels are based on accreditation benchmarks and thresholds for the adult Medicaid population and the distribution of NCQA national survey results for the child Medicaid population.					
† Child results for 2006 reflect 2005 data due to the measure being rotated in 2006.					
★ = Below-average performance (<25th percentile) relative to national Medicaid results.					
★★ = Average performance (≥25th to <75th percentile) relative to national Medicaid results.					
★★★ = Above-average performance (≥ 75th percentile) relative to national Medicaid results.					

UPP’s three-point mean scores and top-box percentages increased for three out of the four child CAHPS global ratings from 2006 to 2007. However, one comparable global rating, *Rating of Personal Doctor*, showed below-average performance when compared to NCQA national survey results and could be targeted for quality improvement activities aimed at improving member satisfaction.

UPP showed average performance on two of the four adult CAHPS global ratings: *Rating of Personal Doctor* and *Rating of Health Plan*. Below-average performance on the remaining two measures, *Rating of All Health Care* and *Rating of Specialist Seen Most Often*, indicated that opportunities still exist to improve member satisfaction. A comparison of the 2007 three-point mean scores to the 2006 three-point mean scores revealed an increase on one of the four comparable measures for the adult global ratings.

Assessment of Follow-up on Prior Recommendations

Annual Compliance Reviews

UPP successfully addressed one of the two recommendations for improvement from the 2005–2006 site visit. **UPP**'s Web site met the contractual requirements at the 2006–2007 site visit. **UPP** should complete the approval process for the member grievance and appeal policy and procedure and provide all required information for reporting of fraud and abuse.

Performance Measures

Since **UPP** did not perform below the 25th percentile on any of the measures in 2006, areas for improvement are those measures that fell below the 50th percentile. Based on **UPP**'s performance on the 2006 HEDIS measures compared to the national 50th percentile, **UPP** needed to implement interventions to improve well-child and adolescent visits, postpartum care, treatment for URI and pharyngitis, and chlamydia screening. Some of the interventions that **UPP** implemented for postpartum care included giving obstetrician/gynecologists a postpartum visit notification form, implementing an incentive program, publishing articles in member newsletters, and conducting site visits in order to speak with physicians on the importance of postpartum care. According to **UPP**'s Quality Assessment Improvement and Utilization Management Program Evaluation, no intervention efforts were noted that specifically addressed well visits, URI, pharyngitis, or chlamydia screening.

Performance Improvement Projects (PIPs)

The 2005–2006 validation resulted in two recommendations: **UPP** should include a discussion of factors that could impact the comparability of the data between measurement periods and the operationalized interventions should be continued and the rates monitored. **UPP** successfully addressed these recommendations in its 2006–2007 PIP submission, which resulted in compliance with all applicable evaluation and critical elements.

Recommendations and Summary Assessment Related to Quality, Timeliness, and Access

The current review of **UPP** showed both strengths and opportunities for improvement.

The annual compliance review assessed **UPP**'s performance on six standards, which addressed the **quality** and **timeliness** of, and **access** to, services provided by the MHP. **UPP** demonstrated strong performance across the three domains of **quality**, **timeliness**, and **access**. **UPP** achieved 100 percent compliance on three of the six standards that addressed **quality** of services: Administrative, Quality, and Management Information and Data Reporting. **UPP** also demonstrated strengths in the other areas reviewed by meeting most of the contractual requirements for the standards. The review identified opportunities for improvement for **UPP** on the Providers, Members, and Fraud and Abuse standards, which addressed **quality**, **timeliness**, and **access**. **UPP** must have a staff person or answering service available after business hours, develop a written policy and procedure for processing the PCP 5284 file, and add the arbitration and dispute resolution information to the provider utilization management policy, the provider manual, and the plan's Web site. On the Member standard, **UPP** should develop a written process and procedure for printing and mailing member ID cards and new member materials, and resubmit the grievance and appeal policy after the revisions of the grievance and appeal guidelines have been completed. On the Fraud and Abuse standard, **UPP** should enhance its efforts to detect provider fraud and abuse and provide the contact information, addresses, and toll-free telephone numbers necessary to report fraud and abuse at least annually. **UPP** should also include the information that reporting may be anonymous.

For performance measure validation, **UPP** had above-average performance on the **quality**, **access**, and **timeliness** domains. Ten of the measures in the **quality** domain exceeded the 90th percentile. In addition, two measures in the **access** domain and two measures in the **timeliness** domain were above the 90th percentile. Of note is that none of the domains had measures that fell below average. Although none of the measures' rates were below average, areas in which **UPP** should focus quality improvement strategies include measures that fell below the 50th percentile. **UPP** continues to fall below the 50th percentile for the well-child and adolescent visits measures, *Appropriate Treatment for Children With URI*, *Appropriate Testing for Children With Pharyngitis*, and *Chlamydia Screening in Women*. Strategies that **UPP** could consider are providing incentives to physicians based on their performance on these measures, assuring that providers are appropriately coding claims and encounters, and supplying providers with clinical practice guidelines that address these areas of care.

The EQR activities related to the validation of PIPs addressed the validity and reliability of the MHP's processes for conducting valid PIPs. Therefore, all PIPs were assigned to the **quality** domain. **UPP** demonstrated strong performance related to the quality of its PIP and a thorough understanding of the requirements for all activities of the CMS protocol for conducting PIPs.

In the CAHPS domain of **quality**, **UPP** had average or above-average performance on 10 of the 13 comparable measures. **UPP** demonstrated average performance in the **access** domain and above-average performance in the **timeliness** domain, based only on an evaluation of the child population. Measures that showed below-average performance represent the largest opportunity for quality improvement. **UPP** had no measures for which both the child and adult Medicaid populations had

below-average performance. However, the child *Rating of Personal Doctor*, the adult *Rating of Specialist Seen Most Often*, and the adult *Rating of All Health Care* had below-average performance and could be targeted for quality improvement activities aimed at improving member satisfaction.